



## **Medicines, Illness and First Aid Procedures.**

### **1. Medicines in School.**

We recognise that there may be the need for medicines to be administered to students during the school day at the request of parents.

- a. Medicines should be sent to school in secure containers holding the required measured dose.
- b. All medicines are received by the school nurse and are stored in the secure medicine cabinet.
- c. Medicine should be clearly labelled with the name of the student and the instructions for use.
- d. Inhalers will be held by class teachers in Early Years and Key Stage One. Students in Key Stage Two and above should be independent in use and storage of their inhalers.
- e. Epipens of named students are stored in the medical room and will be administered by the nurse or trained first aiders. If one dose does not have an effect a further dose can be given even if it is not an epipen of the named person.

### **2. Students becoming ill in the course of the school day.**

- a. Students who fall ill during the school day may go to the nurses room with permission from a member of school staff.
- b. The decision to send a student home must be taken by a member of the teaching staff, in consultation with the school nurse.
- c. Teaching staff have the final decision in making the call to parents. If there is any doubt then parents should be called.
- d. Emergency contact details should be checked with parents at least annually.

### **3. First Aid.**

- a. The school nurse is the first person to be called to administer first aid.
- b. Named first aiders are displayed in the staff room.
- c. There is defibrillator on the ground floor of the secondary building

### **4. Recording accidents**

- a. Accidents must be recorded in the accident book which is stored in the nurses room.
- b. The person who carried out the administration of the first aid should record the incident.
- c. The school nurse must inform the class teacher / tutor of any accidents.
- d. Serious accidents should be reported to the headteacher immediately.

**Appendix 1: contagious diseases guidelines (published in Family Handbook)**

Condition	Symptoms	Procedure to follow
Chickenpox	<ul style="list-style-type: none"> <li>• Mild fever or headache</li> <li>• Rash on trunk of body</li> </ul>	Student must remain at home until blisters are completely dry.
Conjunctivitis	<ul style="list-style-type: none"> <li>• Redness of the white of the eye and inside the eyelid</li> <li>• Itchiness and irritation of the eye</li> </ul>	Student remains at home until discharge stops and student has completed 24 hours of antibiotic eye drop treatment. Severe cases may need 48 hours of treatment.
Diarrhoea		Student remains at home for 24 hours after symptoms have stopped. .
Fever	<ul style="list-style-type: none"> <li>• A temperature above 38°C</li> </ul>	Student must remain at home until fever has returned to normal for at least 24 hours.
Hand, Foot and Mouth disease	<ul style="list-style-type: none"> <li>• Flat small blisters on the hands and feet, sometimes on buttocks</li> <li>• Oral ulcers</li> <li>• Mild fever/malaise</li> </ul>	Highly contagious condition. Student should remain at home until medical clearance is given (approx 7-10 days)
Head Lice	<ul style="list-style-type: none"> <li>• Intense itchiness of the scalp</li> <li>• Tiny red spots (bites) on the scalp</li> </ul>	Student to be treated at home until all live lice and eggs have been killed and removed. All family members should be checked and treated, if necessary.
Hepatitis A and B	<ul style="list-style-type: none"> <li>• Flu-like symptoms of fever, headache and weakness</li> <li>• Poor appetite</li> <li>• Nausea and vomiting</li> <li>• Tender upper right abdomen (where liver is located)</li> </ul>	Student to remain at home until clearance is given in writing from the student's doctor.
Impetigo or school sores	<ul style="list-style-type: none"> <li>• Initially, the skin reddens and crops of small blisters appear</li> <li>• Blisters burst leaving raw, moist sores</li> </ul>	The affected area must be treated and covered. Students should remain at home for 24 hours from starting antibiotic treatment and until lesions are crusted or healed No swimming until completely healed.
Ringworm	<ul style="list-style-type: none"> <li>• Oval or circular, flaky patches with raised, mildly inflamed borders</li> <li>• Itchiness</li> </ul>	The affected area must be treated and covered.
Typhoid	<ul style="list-style-type: none"> <li>• Fever and headache</li> <li>• Lack of energy</li> <li>• Abdominal pain</li> <li>• Rash, consisting of raised pink spots on abdomen and chest</li> <li>• Constipation or diarrhoea</li> </ul>	Student to remain at home until clearance is given in writing from the student's doctor.
Vomiting		Student remains at home for 24 hours after symptoms have stopped.

## Appendix 2: What To Do If A Child Has An Asthma Attack

Assess the child's condition using the guidelines below

1. Regard the attack as mild to moderate if:
  - a. The child feels breathless but can speak normally.
  - b. Is coughing and/or wheezing (wheezing may or may not be present).
  - c. Has a tight feeling in the chest or throat.
  - d. Looks well.
2. Treatment of mild to moderate attack.
  - a. Give or allow the child to take **two puffs** of their own **BLUE RELIEVER INHALER**.
  - b. As soon as the child feels better they can return to school activities.
  - c. If symptoms reappear within four hours give **two more puffs** of their own **BLUE RELIEVER INHALER**.
  - d. Call the parents to take them home to see a doctor.
3. Regard the attack as severe if
  - a. the blue reliever inhaler gives no relief
  - b. the child is too breathless to complete sentences.
  - c. Is blue around the lips.
  - d. The child seems confused.
  - e. Is exhausted.
4. Treatment of a severe attack
  - a. Keep calm.
  - b. Keep the child sitting upright, leaning slightly forward. not lying down.
  - c. Allow the child space to breathe, loosen tight clothing around the neck.
  - d. Give **two puffs** of the child's own **BLUE RELIEVER INHALER**, wait five minutes.
  - e. If no improvement, give two more puffs of Ventolin, using the school's emergency Ventolin and spacer.
  - f. Dial 1719 for an ambulance or take the child to hospital
  - g. keep on giving two puffs of Ventolin through the spacer every five minutes till you get to medical help.