

# JACK HUNT ACADEMY

# MEDICAL & EMERGENCY SUPPORT PROCEDURES POLICY VERSION 4.0



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### 1. Introduction

- 1.1 This policy is managed and maintained by the School Business Manager & Designated Safeguard Lead, with ratification from the Senior Leadership Team.
- 1.2 This policy has been produced in conjunction with statutory guidance on supporting pupils at school with medical procedures, found on HM Government website at: https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf
- 1.3 This policy is linked to Section 100 of the Children and Families Act 2014, which places a duty on the School to make arrangements for supporting pupils at Jack Hunt School with medical conditions.

### 2. Medical Facilities

- 2.1 The members of Jack Hunt School (Staff, Students, Governors, Trustees and/or Visitors) will have access to the First Aid facilities available when they are required. Those who have a medical need will be attended to by one of the appropriately trained First Aiders. Students leaving lessons must come with a note from the class teacher.
- 2.2 The school will provide a suitable area where those requiring medical attention may receive treatment. The First Aid Room is located in Block 4 near the entrance to the Reception Pod.
- 2.3 Anyone in need of medical attention during school hours will be able to go to, or if necessary, be taken to the First Aid Room. Friends must not stay with students in the First Aid room and must be sent back to lessons or outside.
- 2.4 The names of all students, staff, Trustees, Governors and visitors referred to the First Aid Room, along with the condition and the treatment/advice given, will be recorded by the First Aider on duty. These records will be regarded as confidential documents.

### 3. First Aiders

- 3.1 Only those nominated staff with specific first aid training will be able to attend to the needs of an individual requiring attention.
- 3.2 The school will ensure that appropriate members of staff will receive adequate and ongoing training so that the level of medical support required by law is available.

### 4. Procedures & Treatment

- 4.1 If a student asks to attend First Aid the member of staff in charge will issue a note of authority where such a visit is deemed necessary.
- 4.2 If someone is taken ill, or in the case of accident or injury, cannot be moved the first member of staff on the scene will contact the First Aid room or Main Office immediately and summon help from a First Aider.
- 4.3 If the person is found to require specialist treatment the First Aider will notify the School Business Manager. Between the First Aider and SBM they will coordinate an ambulance or other qualified support if it is considered that such action is appropriate.
- 4.4 If a student is attending the First Aid room regularly, with no identifiable or presenting medical condition, the First Aider will email the Student Support Officer of the appropriate Year group, with details of frequency and regularity of visits etc.
- 4.5 A Medical Card can be issued to students that have a diagnosed medical condition that may require them to leave a lesson. These are requested via the First Aid room, and have a standard message printed on them.

### 5. Hospital

- 5.1 If the individual is a student and is to go to hospital from the school site they will be accompanied by a member of staff who will remain with them until the parents or responsible adult arrives.
- 5.2 Where the individual is a student who is to go to hospital from an off-site school organised activity, school staff will wherever possible accompany that student and remain with them until the parents or responsible adult arrives.

### 6. Medicines

6.1 Medicines will only be administered at the school when it would be detrimental to a student's health or school attendance not to do so.

- 6.2 Records will be kept and the First Aid team will:
  - (a) Be made aware of any medication requiring to be administered during the school day.
  - (b) Ensure that only prescribed medicines, in original containers, supplied by GP or pharmacist are administered in school or non-prescription medicines with appropriate parental consent. Consent forms are kept in the First Aid room.
  - (c) Ensure that full instructions and signed parental consent forms are completed for administration of medicines. No medication will be administered unless the parents have completed the necessary forms signifying that specific preparations may be given. Parents should confirm their current consents by updating the Edulink The record of all students who have their parents' system. permission to receive medicines will be kept on SIMS, or with their NHS care plan in the PD Hub, Inclusion Base.
  - Ensure that any medication left in school is stored in the locked
  - (d) cupboard situated in the First Aid area, unless this is:
    - (i) emergency medication which must remain with the student (such as Epi-Pens, Insulin etc).
    - (ii) medication which must be administrated as part of a learner's NHS care plan agreed within the PD Hub provision, Inclusion Base. In this case, the medication will be retained in a locked cupboard in the Inclusion Base.
  - (e) Ensure records of all medication administered are kept in line with other documentation.
  - (f) Ensure that medical consent forms are completed by the parents of the new Year 7 students at the start of the school year via the Edulink system.
  - (g) Ensure that the school provides relevant staff with adequate and ongoing training to ensure that the level of medical support required by law is always available, including Moving and Handling and procedures detailed in the Intimate Care Policy.
  - (h) Reserve the right to refuse a request to administer medicines or perform nursing procedures to be carried out in school where appropriate medical guidance has not been acquired. The Head Teacher, DSL or person on Senior Staff Duty would need to be consulted in these instances.
  - (i) Ensure that learners with medication associated with their Intimate Care plans have their care and medical needs met in school by appropriately trained staff, in accordance with the PD Hub Service Level Agreement.

- (j) Ensure that any intimate care procedures, inclusive of any necessary nursing procedures, are administered according to the school's additional Intimate Care Policy.
- (k) Ensure that any medication requiring administration during trips or off-site activities is provisioned for in accordance with the school's Educational Visits Policy and administered as appropriate adhering to this Policy.
- 6.3 Paracetamol will only be administered by First Aid staff, after verbal consent received from parents at the time (even with existing consent noted on the Edulink/SIMs system). Paracetamol will not be administered before 12:30pm due to the dosage rules stated on packaging, in conjunction with students potentially having taken the required medication at home before the start of school.
- 6.4 Although medical information is confidential, staff will be able to check with the First Aid staff if a student needs medication. Staff will be made aware of the specific medical needs of individual students.
- 6.5 Students who are able to administer medication themselves will be allowed to do so provided the school has been notified by the parents using the specific form, or by letter, and that this takes place in first aid, unless other arrangements specific to a learner's needs have been agreed.
- 6.6 Supplements to be taken with food, such as Creon, can be collected from the First Aid Room and taken to the dining room.
- 6.7 All students, whether supervised by staff or not, will be expected to act in an appropriate manner when administering their own medication.

### 7. Staff Guidance

- 7.1 This guidance is to help you if you are the first member of staff called to help a student or member of staff who has had an accident or been injured.
- 7.2 Your main role is to prevent any further injury or worsening symptoms and summon help from a First Aider.
- 7.3 First Aid can be summoned by contacting the First Aid room on extension 1159 or via site radio. In some cases, it may be necessary to send a representative (learner or member of staff) to contact Reception or the First Aider in an emergency.
- 7.4 It is important that trained First Aid staff assess the medical needs of an individual. Unless the incident on immediate assessment can be reasonably deemed as serious, the emergency services should be contacted only by First

Aid staff, to allow co-ordinated and safe access and egress of emergency vehicles

### 7.5 **DO NOT**:

- (a) Send any injured student to the First Aid room alone.
- (b) Allow students to treat themselves or each other.
- (c) Apply any form of ointment/lotion or antiseptics.
- (d) Wriggle damaged bones/joints in case they are fractured.
- (e) Allow students who 'feel faint' to go to the toilets etc.
- (f) Send injured students to 'sit on bench' without informing First Aid.
- (g) Attempt any first aid, unless you hold a suitable First Aid accreditation that the school has knowledge of.

### 7.6 **DO**:

- (a) Exercise a common-sense judgement to decide if the student can be taken to the First Aid room or if the First Aider needs to come to the child.
- (b) Check that the First Aider knows the student is on their way to the First Aid room or that the First Aider is on their way to the incident First Aid extension 1159.
- (c) Make sure that the First Aider is aware of ALL head injuries even if there are no signs of damage at the time, in order that a phone call home can be arranged for all incidents involving head injuries.
- (d) Report all cases of unconsciousness, however brief, to the First Aider.

### 7.7 Immediate action that can help prevent further damage:

- (a) Run all burns/scalds under cold water for at least 10 minutes.
- (b) Apply pressure directly to cuts to stop bleeding (provided there is no object in the wound). Raise the affected part, above the heart, if the bleeding is severe.
- (c) Use fresh clean tap water to irrigate the eye to remove chemicals/particles. Any student with an eye injury should be referred to the First Aiders.
- (d) Place unconscious casualties in the recovery position, only if it is safe to do so.
- (e) In case of epilepsy, clear a space around the casualty to prevent them injuring themselves. Do not try to restrain them, but do try to support their head, if possible, to prevent any head injuries. Remove

- other children from the area where possible. Cover the learner's lower half if you have something suitable for the purpose.
- (f) Always inform a First Aider and request they attend every incident.

### 8. Send Students Home

- 8.1 If a student has been sick and it has been witnessed by an adult, they need to be sent home unless they have a known medical condition where this is not appropriate.
- 8.2 If a student has a high temperature that cannot be reduced by medication, with correct parental permission, they will need to be sent home.
- 8.3 Appropriate consideration should be taken for the attendance record of students, particularly when considering borderline cases where attendance records are poor. Low percentage students (under 95%) or Sixth Formers should be referred either to SSO, SLT Link or Head of Sixth Form as appropriate.
- 8.4 A First Aider will contact parents, using numbers supplied by parents/carers and stored on SIMS. If a First Aider is unable to contact parents/carers within 20 minutes, the case will be referred to the SBM or DSL.

### 9. Loco parentis

- 9.1 If a student's condition requires treatment immediately, such as a burn to the hand that needs checking at a walk-in centre, and parents are uncontactable, school staff will make decisions acting in loco parentis. In such cases the SBM or DSL should be contacted to make appropriate arrangements and create a letter that needs to accompany the member of staff.
- 9.2 If a student needs to be transported to hospital via ambulance, a member of the school staff must accompany the student, unless parents have arrived at the school site before the Ambulance leaves.
- 9.3 In both cases the staff member must stay with the student but cannot agree to any treatment that is required. The medical professional must take that decision.

### 10. Mental Health

10.1 Students that attend the First Aid room presenting with Mental Health related issues cannot be diagnosed by the team and can only be treated with

- symptoms that are presented e.g. hypoventilation. For attentional support please contact the Student Support Officer, School Counsellor, Child Protection or DSL.
- 10.2 The DSL, is the liaison with Community Child and Adolescent Mental Health Service (CAMHS) for incidents involving Child Protection. Head of Year are the liaison for CAMHS for cases not involving Child Protection.
- 10.3 Students presenting with Mental Health related issues will not be held within the First Aid room after treatment has been given for any presenting symptoms, such as hypoventilation. First Aid staff may call for support with such cases from pastoral staff, or the Child Protection team where appropriate.

### 11. Third Party Injuries

- 11.1 If a visitor is injured whilst on site (for any reason) it is important:
  - (a) That the individual and/or the event organiser are advised to report the occurrence to their own school/employer/organisation.
  - (b) That a report of the incident is completed immediately. As much detail as possible needs to be provided about the incident, the person(s) involved and the actions taken. However, unless there is a clear evidence of the nature of any injury, speculation as to the nature/extent of any personal injury should be avoided.
  - (c) All above guidance should be maintained regardless of visitor status, in accordance with recommended First Aid procedures.

### 12. Sanitary Towels

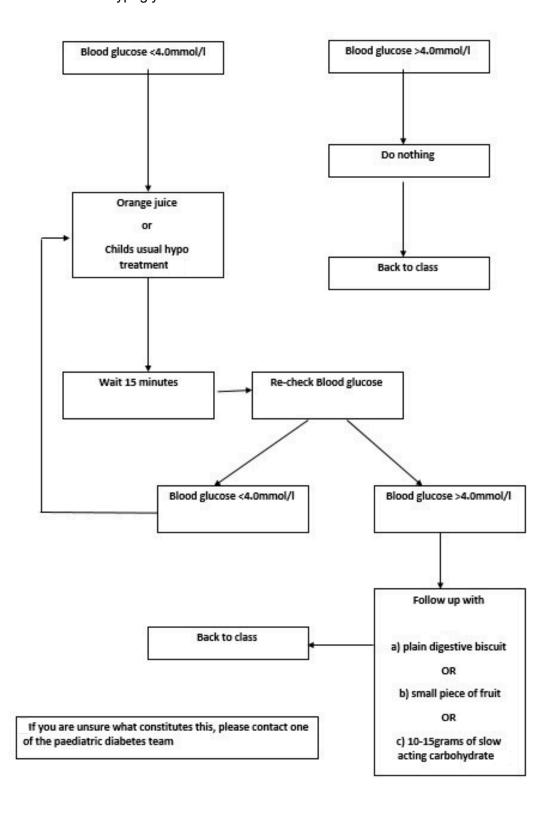
12.1 Jack Hunt School are now working alongside Red Box Project, to supply sanitary towels to students that require them. Students should ask for the red box and are able to take what is needed. New underwear/alternative sanitary products are also available in this box.

### 13. Diabetic Procedure

- 13.1 Each Diabetic student in school has different needs and will need to check their Blood Sugar Levels at different times. All students must check in to the First Aid room at lunchtime every day as a minimum.
- 13.2 Students must show the First Aider their blood sugar reading. This is noted on the spreadsheet with the blood sugar level under the condition column, and the carbs in grams and units taken in the treatment column. The Diabetic team use this information when meeting students to assist them with keeping the condition under control.

- 13.3 If reading is HI each student will know what correction dose of insulin to administer themselves.
- 13.4 If the Blood Sugar reading is lower than 4.0 follow flow charts on the following page.
- 13.5 Any Hypo treatment must be recorded on the spreadsheet.
- 13.6 Ifunsure contact Diabetic Nurse Team

# 13.7 Treatment for Hypoglycaemia



### 13.8 Diabetic Procedure

Diabetes is a lifelong condition where a person's body does not produce enough insulin. This condition is life threatening if it isn't treated in the correct manner. All of our diabetic students in school are insulin dependent, meaning they will need to check their blood sugar levels regularly.

- All students that are diabetic will have a testing kit and insulin in school. Most will keep it in the first aid room but some will keep the testing kit on their person (people that have a pump fitted)
- If a diabetic student is feeling unwell they will need to check their blood sugars.
- If they are feeling low, they must notwalk to thefirst aid room alone. If there isn't an adult to escort them across then please call Ext 1159 and advise the team that a student is feeling their blood sugars are low. Someone will come to them.
- If the student has their testing kit with them and test before leaving the class room. Please check the reading and follow the guideline set out on the next page.

### Signs and Symptoms of Hypoglycemia (low blood sugar)

- May feel tired, weak, faint or hungry
- Could seem confused and may show irrational behaviour.
- Sweating with cold clammy skin
- Rapid pulse
- · Deteriorating levels of response
- seizures

### Ifyou suspect a Hypoplease call the First Aid team.

### Signs and symptomsof Hyperglycemia (high blood sugars)

- warm dry skin
- rapid pulse.
- Fruity sweet breath.
- Excessive thirst.
- Drowsiness.

### 14. Anaphylaxis and use of Epi-pens

### 14.1 Anaphylaxis procedure

Anaphylaxis is an extremely dangerous allergic reaction. The condition is caused by a massive over-action of the body's immune system. The most common reactions are to prescription drugs, insect bites, nuts and seafood. In an anaphylaxis reaction the immune cells release massive quantities of a chemical called Histamine.

### Signs and symptoms

- Airways swellingofthetongue,lipsorthroat.Afeelingofthethroat closing up. A hoarse voice or loud pitched, noisy breathing.
- Breathing Difficult, wheezy breathing or a tight chest (the equivalent of an asthma attack)
- **Circulation-** Dizziness, feeling faint or passing out. Pale, cold, clammy skin and fast pulse. Nausea, vomiting.

Acasualty could have one or all of the above symptoms.

### If you suspect someone is having an Anaphylaxis attack:

- Check their bag to see if there is an Epi-pen. Ask the person to give it to himself or herself with you assisting by keeping them calm. If you are not trained, please do not administer the medication
- Call first aid straight away (Ext 1159)
- Do not leave person alone
- If required, First Aiders will Call 999, for urgent medical attention. (school protocol must be followed. First aiders to call paramedics)

### **SmallerAllergic reactions**

Some allergic reactions maybe treated with Antihistamine tablets. These are for the allergies that are less life threatening.

Ifin doubt, seek medical advice from NHS health helpline 111.

### 15. Seizures

### 15.1 Seizure Procedure

When a person suspects a casualty is having a seizure, please notify the First Aid Room (ext. 1159 or radio) immediately stating someone is having a seizure, their name and note the time that the seizure started.

- While awaiting qualified FirstAid assistance to attend, please make sure the area surrounding the casualty is safe.
- It is important to keep the space calm, quiet and stress free, so remove other students as needed.
- First Aider to take first aid responder bag, wheelchair and de-fib.
- Once First Aider is with casualty, support the casualties head with a pillow or jacket.
- Loosen any tight clothing from around the neck.
- Check breathing
  - Stay with casualty and observe. Make note of how many seizures and how
- long.
  - Ifseizure has finished, and it is safe to do so. Move the casualty to closest
- staff room or office.
  - IfAmbulance required, follow normal school process.

### SIGNS AND SYMPTOMS

### How do they look?

- Do they have a blank look, stare or lose consciousness?
- · Are they doing anything unusual?
- · Has their colour changed?
- Has their breathing changed?
- Have they bitten their tongue, cheek or wet themselves?
- . Did they fall down, shake or go floppy?

## If casualtyisabletotalk

- · What were they doing before the seizure?
- How was their mood? (were they excited or anxious)
- Wasthereatrigger?Whatsetthemoff?Didtheyfeeltired,hungry or unwell?
- Didtheyhaveastrangesensationsuchasanoddtasteorunusual feeling
- Aretheynowfeelingsleepyorhungry(notunusualtobeveryhungry after a seizure)?

### When to call 999

Itisn'talwaysnecessarytocallforanambulancewhenapersonhasa seizure. However, First Aid staff will always call 999 if:

- Itis theperson'sfirstseizure.
- They have injuredthemselvesbadly
- They havetrouble breathing after seizure has stopped
- Oneseizureimmediatelyfollowsanotherwithnorecoveryinbetween.
- The seizurelasttwominutes longerthan usual.
- Theseizurelastsformorethanfiveminutesandyoudonotknow how long their seizures usually last.
- 15.2 If thestudentdoesnotrequireanambulancebutisnotfittoreturn to lesson after 30 minutes, parents/carersmust collect the student to take them home.

### 16. Head Lice

16.1 If Head lice are suspected, the student must be sent home for treatment. Once treated they can return to school. Student Support Officers should make this call home to inform parents and arrange collection.

### 17. Complaints

17.1 Should Parents/Carers or Pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, parents may make a formal complaint, details of which are outlined in the school's Complaints Procedure that can be found with all other Policies on the school website.

### 18. Version History

### 18.1 Table of Versions

VERSION	ACTION	RESPONSIBLE	DATE
1.0	Policy Published	Christine GILLINGHAM	01/04/2015
2.0	Policy Reviewed	Matthew DEERE	06/10/2016
2.1	SLT revisions noted and implemented. Policy live as approved	Matthew DEERE	12/10/2016
3.0	Review and re-draft	Jo CHRISTOPHER	31/05/2019
3.1	Minor amendments in preparation for SLT approval	Matthew DEERE	30/07/2019
3.2	Revision of policy on students returning after sickness agreed SLT 7 October 2020		05/11/2020
4.0	Updated the reference to DfE statutory Simon guidance 2015. Updated location of Linforth medical room – block 4. Updated the references from house to year groups. Removed references to Senior Admin & Admin Manager (roles no longer exist). Updated reference of Learning Support to Inclusion Base. Added paracetamol issuing consent updates via Edulink. Added references updates. Removed reference to students staying off school for 48 hours following a bout of sickness.		06/12/2024