



Medical Room Procedures

Nov 2015

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Next review due: Nov 2018

The First Aid procedure at Churchfields is in operation to ensure that every child, members of staff and visitors will be well looked after in the event of an accident. It is emphasised that the team consists of qualified First Aiders and not trained doctors or nurses. A qualified First Aider has completed an approved HSE qualification which is renewed every three years.

In the event of an accident all members of the school community should be aware of the support available and the procedures available to activate this.

The school's LSA's and Office Admin team will include a qualified First Aider and will always be responsible for the day to day running of the Medical Room.

The role of will include:

- maintenance of first aid supplies and upkeep of first aid boxes
- to take charge of an emergency situation, administer first aid if required and call/ send for someone to call 999 if needed (If a child has to be taken to hospital and a parent or carer has not been contacted, or is unable to arrive straight away, then a member of staff will accompany the child and remain with them until a parent or carer arrives.)
- keep accurate records of accidents and report where necessary
- inform class teacher, year group leader, headteacher and midday supervisor about any new children entering the school with a specific medical need
- to keep up to date records of pupils with specific medical needs and to distribute to staff where needed
- liaise with the school nurse and assist when required
- arrange a meeting with all staff, at the beginning of each school year, to cover EpiPen training with the school nurse
- arrange annual reviews for pupils with specific medical needs, to include a family member, school nurse and member of school staff

Accidents will be dealt with in our Medical Room and all children seen will be recorded in the Injury Report Book. Staff will complete the date and time of the incident, the child's name and class, the nature of the injury and action taken. It must be recorded if a plaster or cold compress has been applied. If a parent or carer is telephoned then the time of the call must be recorded. If a message was left this must also be recorded. If a parent or carer cannot collect the child immediately, then an expected time of arrival must be obtained.

The medical room is staffed from 8.30 am to 3.45 pm, with cover over the lunch period by a Midday Assistant. There will be a handover session both at the beginning of the lunch period and at the end. Information exchanged should include:

- any children waiting to be collected
- any child requiring medicine
- any child in school wearing plaster cast or sling
- any child that has returned more than once to the medical room
- any new pupil with a serious medical condition or child with a new care plan

Children should not be left unattended in the medical room

First Aid

If a child is injured or becomes unwell at school they will be assessed by a member of staff. It is important that children are **not** moved if it is obvious that they cannot get up from the floor, playground or sports hall. A First Aider should be called immediately.

If a child has received a minor injury, cut or bruise, they should be escorted to the medical room by another child.

Cuts and grazes should be cleaned with water and paper towel and a plaster applied if required. If a parent has informed the school that their child is allergic to plasters, their name will be displayed in the medical room and special plasters provided. As a precautionary measure **all** children should be asked if they are allergic to plasters. As the school is not permitted to use antiseptics or wound cleaning agents a parent or carer should be telephoned if a child has received a more serious graze or if there is a lot of dirt embedded in the wound. This is in order to assess whether an adult can come and either clean the wound with an antiseptic for example, or whether the child should be taken home to have the area cleaned thoroughly.

Staff are not allowed to remove splinters or stings. A cold compress should be applied if necessary. The child should be instructed to tell a parent at home time that they have been stung or have a splinter in situ. Multiple stings requiring cream or anti-histamines should be dealt with by the child's parent or carer.

If a child sustains an injury to an adult tooth the parent or carer must be contacted immediately. They should be encouraged to try to obtain an emergency visit with their dentist, even if there is no obvious damage to the tooth. A chip to the tooth, however small, can lead to infection and more serious damage. If a tooth becomes seriously damaged the remnants should be placed in a sealed bag of milk (available from the kitchen staff).

If a child receives a serious eye injury the parent or carer must be called immediately. Foreign bodies should not be removed and **both** eyes should be covered in order to protect them. Please note: - dust, dirt or eyelashes can often cause irritation and the child should not rub at their eye. With the help of a mirror the child can often wipe their eye and carry on their day as normal. Members of staff are not allowed to wash out children's eyes.

If a child has received a sprain or strain a cold compress should be applied to the affected area and assessed after a few minutes. If the area is swollen or the child is unable to walk they should remain seated and assessed again. A parent or carer should only be called if the child is unable to continue their normal school day or if limping or swelling persists or worsens.

If for any reason a fracture or serious injury is suspected then an icepack should be applied, wrapped in paper towels, and a First Aider called to assess the situation. If a child receives a bump to the head they should always be sent directly to the medical room for examination/assessment. A cold compress should be applied immediately and the child assessed for any secondary signs and symptoms. The child should be given a head bump letter to take home and should be told to return to the medical room only if they complain of another symptom or their condition worsens e.g. increasing pain, nausea, sleepiness etc...

Children should be reassured that they may have a headache around the site of the initial bump, which may last a few hours.

For a more serious bump to the head, or if the child is in shock, vomits or collapses then a First Aider should be called.

If a child receives an injury to the face, i.e. an injury to an eye, lip or a bad graze or bump, then a parent or carer should be called. This should only be a courtesy call in order to inform an adult of the injury, in case there may be swelling or bruising before the end of the school day. The adult should be assured that you have explained to the child to return to the medical room if they are at all worried or their symptoms change. Should the adult wish to collect or review their child, and take them home, the going home sheet should be completed at the office.

If a child is unwell or had sickness / diarrhoea in the last 24 hours they should not be in school. (Note: HPA advises exclusion from school after D&V for 48h).

Should a child become unwell during the school day they should be assessed initially by the teacher and if necessary should be sent to the medical room.

A full history should be taken from the child, to include:

- what they have or have not had to eat and drink over the last couple of hours
- if they had told a parent/carers they were feeling unwell
- if they had been sick or had diarrhoea over the last 24 hours
- if they had been given any medicine within the last 24 hours
- if they had ever experienced the signs and symptoms before and if so, did they require a doctor or hospital visit

Each child should be assessed individually and only if it is felt necessary, their temperature should be taken.

In the event that a child presents with a temperature of 38°C or above, they should be assessed initially and reviewed after 10 minutes of sitting quietly in the medical room. A parent or carer should **not** be called unless it is obvious that the child is showing other signs and symptoms of being unwell, or their temperature remains at 38°C or above. Other signs & symptoms may include: dry mouth, pale skin, beads of sweat, cold or clammy skin or feeling faint. Should a child complain of a mild tummy ache they should be encouraged to have a drink of water, take a visit to the toilet, or if near to lunch time – to have something to eat and drink.

They should only be encouraged to return to the medical room for re-assessment, if their condition or symptoms deteriorate.

Contacting parents/carers during the lunch period

In an emergency situation when an ambulance has been called, a parent/carers should **always** be contacted as soon as possible.

Otherwise, during the lunch period, parents/carers should only be contacted to collect their child if the child;

- has an injury that may require hospital treatment/examination
- has been physically sick

If a child presents as unwell, it may be necessary to take and record their temperature. If the child's temperature is 38°C* or above parents/carers should be contacted.

However, parents/carers **should not** be contacted during the lunch hour if a child is complaining of feeling **generally unwell**, but this information should be handed over to the office admin team for further observation/assessment

**It is important to note that during the lunch period there are a variety of reasons as to why a child may present as having a raised temperature and as such this should be used as a guide, unless of course the child's temperature is excessive.*

Medicines in School

It may be necessary for children with a chronic illness to take prescribed medicines during school hours. Medicine can be administered in school if prescribed 4 or more times a day, or if it is required before food at lunchtime. All medicine has to be prescribed by a doctor and supplied to the medical room in its original packaging with a prescriptive label from the pharmacy. Over the counter medicines will not be given in school.

A parent or carer must sign a consent form in order that a member of staff can administer the medicine when it is required. Each time medicine is given it must be recorded on the sheet in the medical room, with the date, time and dose. It must be stressed to the parent that it is the child's responsibility to come to the medical room when it is time for their medicine. A fridge is provided for the storage of medicines if required.

Asthma

The London Borough of Redbridge reviewed their asthma policy in November 2006. Since then children carry their own asthma relievers in school. It is up to the parents to provide an inhaler (usually blue) for their child, and instruct them on how and when to use it. They must be reminded by staff, to take their inhaler to PE lessons and when going off site, especially on school trips and to swimming.

Should an asthmatic child present to the medical room with difficulty breathing and they do not have an asthma reliever in school, they should sit down in a comfortable position and be encouraged to take some long, slow, deep breaths. It is imperative that a member of staff takes charge of the situation and tries to calm the child. A child can use one of the school's emergency inhalers and if the child's condition deteriorates an ambulance must be called. If a member of the family is local and can bring in a pump, they should be called straight away.

Protocol for Emergency Salbutamol Inhalers in School

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The emergency inhaler can be used in the event of an asthma attack if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The signs of an Asthma Attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)

- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

Supply

Inhalers and spacers will be purchased, without a prescription, from a local pharmacy on receipt of a signed request by the Headteacher stating:

- The name of the school for which the product is required
- The purpose for which that product is required
- The total quantity required (two inhalers and two spacers)

Storage and Care of the Inhaler

School staff have responsibility for ensuring that:

- Inhalers and spacers are kept in the medical room, out of reach and sight of children and to which all staff have access at all times
- On a monthly basis the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available
- That replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use – to avoid possible risk of cross-infection, the spacer should not be reused
- The plastic inhaler has been cleaned, dried and returned to storage following use, or that replacements are available if necessary

Disposal

- Spent inhalers are returned to the pharmacy to be recycled

Monitoring

School staff have responsibility for ensuring that:

- A register is in place of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler
- Written parental consent is received for use of the emergency inhaler
- A record is kept of use of the emergency inhaler and parents are informed that their child has used the emergency inhaler
- Appropriate support and training is available for staff in the use of the emergency inhaler
- At least two volunteers are responsible for ensuring the protocol is followed

The Emergency Kit

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler
- At least two single-use plastic spacers compatible with the inhaler

- Instructions on using the inhaler and spacer/plastic chamber
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler
- A record of administration

Pupil Data

The office admin team will ensure that Pupil Data folders are kept up to date with medical information pertinent to each child. A copy of each class's folder is available in the medical room, in order that staff can phone a parent or carer in case of an emergency. Children who have a protocol or careplan will have their photograph displayed in both the medical room and the staff room. A copy of this photo and paperwork will be kept in the class pupil data folder and should be made available to both support and agency staff.

Trips & Visits

Any relevant medicines and a first aid bag will be provided by the office admin team for all trips off site. The teacher must ensure that asthma pumps are taken from the classroom and the pupil data folder is taken in case of an emergency.

Disposal of Waste & Body Fluids

A yellow bin and yellow medical waste bags are provided in the medical room. This bin is emptied weekly and collected by special couriers. All used paper towels, plasters, dressings etc should be placed in this bin. Gloves should be used for more serious injuries and hands should be washed after seeing to each child. Gloves should be disposed of in the yellow bin. If a child has vomited then this must be double bagged and placed in the yellow bin. Should there be bodily fluids in the classroom then these should be cleaned by either the Site Supervisor or the office admin team, and the Cleaning Supervisor informed after school. Carpets should be cleaned immediately with a special product available in the medical room, for body fluids. Blood on hard surfaces such as the floor or doors, should be cleaned with a cleaning product specifically for that use only.

HPA advice on cleaning up after vomiting: "When cleaning up vomit or faeces, you should wear a disposable apron and gloves. Paper towels should be used initially. The area should then be cleaned using detergent, warm water and a disposable cloth before being disinfected with freshly made hypochlorite solution/ bleach or Milton at the recommended concentration. Disposal of the protective clothing, paper towels and cloths should follow immediately and be disposed of as 'clinical waste'. Hand washing following cleaning is essential. In the home similar cleaning practices are also recommended. Enhanced cleaning of the school and home environment is also recommended, with particular attention to toilet facilities. These should be cleaned with detergent, warm water and disinfected with bleach as directed. Particular attention should be made to flush handles, sink taps, door handles and light switches. Mop heads and buckets should be stored dry, non- disposable mop heads should be disinfected and disposable mop heads changed daily. Cleaning cloths should also be disposable. In school and nursery settings, carpeted areas should be steam cleaned following each episode of contamination. Vacuuming carpets and buffing floors is not recommended as it can re-circulate the virus.

Needles and sharps must be disposed of in the specific sharps bin in the medical room.

If an EpiPen has been used this must not be disposed of but sent with the child in the ambulance to the hospital.

If it is necessary to perform CPR then a one way mask or other infection control barrier should be used. These will always be available in the first aid boxes and the medical room. However CPR should not be delayed whilst a device is found.