



# Medical Needs & First Aid Policy

August 2023



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## **1.0 College Mission Statement**

High quality education changes the world, one child at a time.

We prepare our students for life in a diverse world by intentionally integrating students of all abilities, cultural and socio-economic backgrounds, from all faiths and none.

We provide a caring and inclusive environment to help our students achieve excellence within a culture of acceptance and understanding.



## 2.0 Rationale

The Board of Governors and staff of Integrated College Glengormley wish to ensure that pupils with medication needs receive appropriate care and support at school.

The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking medication during the school day where those members of staff have volunteered to do so and have received suitable training (see training section) and written permission has been received from the parents/carers.

**Please note that parents should keep their children at home if acutely unwell or infectious.**



### 3.0 Medication

Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication and updating the school throughout the pupils' school career. Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

(These forms, (**AM1** & **AM2**), are available from the Medical Needs Co-ordinator)

**Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Non-prescribed medicine will be treated the same as prescribed.**

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time). Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.



### 3.0 Medication continued

Each item of medication must be delivered to the Medical Needs Co-ordinator or approved office staff, in normal circumstances by the parent/carer (medication cannot be accepted from a pupil), **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

- Pupil's Name.
- Name of medication.
- Dosage.
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

An AM4 form must be completed and signed by the parent/carer each time medication is delivered to the school. Delivery of medication should be before or after school or by appointment.

Medication will be kept in a secure place, out of the reach of pupils (for further details see storage section).

The school will keep records, which they will have available for parents/guardians.



### 3.0 Medication continued

**The school will not accept items of medication in unlabelled containers.**

If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased. It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental instructions this must come from a medical professional.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each year.

Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long term or complex medication needs, the Principal via the Medical Needs Co-ordinator, will ensure that an Individual Healthcare Plan is in place, in conjunction with the appropriate health professionals where appropriate.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary, under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school. (Forms **AM1** & **AM3** can be requested at any time from the Medical Needs Co-ordinator)



### **3.0 Medication continued**

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required.

However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.





## 4.0 Training

Epilepsy Awareness, Emergency Treatment of Anaphylactic Reactions (Epipen) and Diabetes Awareness training will be delivered to at least two members of staff as required.

Additionally, Administration of Buccal Midazolam training will be organised for at least two members of staff, if required.

All staff who volunteer to administer medication (not including Buccal Midazolam, Auto Adrenaline Injectors, Salbutamol Inhalers and Glucagon) will receive internal training delivered by the Medical Needs Co-ordinator.

Accurate records will be maintained each time a member of staff administers any medication.



## **5.0 Storage**

All medication will be stored centrally in the General Office.

Inhalers and Hypo Box including Diabetes requisites will be available to those pupils who require them at any time via the office staff.

Controlled substances will be stored locked in the General Office and will be available at the prescribed time via an assigned member of staff.



## **6.0 Educational Visits**

All effort should be made to allow all pupils to take part in all available educational visits, if a pupil has a medical need, it may be necessary to have a trained member of staff accompany. A copy of the pupil's individual healthcare plan must also be taken. Please consult the Medical Needs Co-ordinator or Educational Visits Co-ordinator for further advice.

Also note that a first aid provision should always be maintained.



## **7.0 Medical Needs Register**

The Medical Needs Co-ordinator will maintain a list of all pupils who have a medical need, this list will be available in Private 1 and a hard copy will be kept in the General Office. Information will also be included in SIMS with the relevant pupil.

This list will be made available to any substitute teachers via the senior teacher in charge of cover.



## **8.0 Dietary Needs**

A list of all pupils with dietary needs will be maintained by the Medical Needs Co-ordinator, this list will be provided to the School Canteen.

Parents of pupils with dietary needs will make the school aware if that pupil intends to use the canteen and if this changes at any time.

Integrated College Glengormley is a nut free school but does ask all pupils with nut allergies to be vigilant about what they ingest.



## 9.0 First Aid

### Risk Assessment

A risk assessment for the provision of first aid in school is carried out by the Lead First Aider (see **appendix 2**)

Based on the risk assessment Integrated College Glengormley will maintain two first aiders trained to the First Aid at Work level. In addition, each practical department will have at least one first aider and a ratio of at least 1 first aider for every 100 pupils must be maintained.

### Trained Staff

(see **appendix 3**)

Lists of trained staff will be displayed at the entrances to each building and in each classroom.

If any pupil or member of staff requires first aid, please utilise the nearest first aider with appropriate training.

Only a first aider may recommend a treatment if required.



## 9.0 First Aid continued

### First Aid Kits

First aid kits will be located around the school;

- each first aider will have access to a first aid kit,
- each food preparation area
- each workshop
- each laboratory
- the building supervisor's office
- the general office
- the first aid room (26G)

Each first aid kit will contain at the following at least;

- a guidance leaflet
- 20 individually wrapped sterile plasters
- 2 sterile eye dressings
- 2 individually wrapped triangular bandages
- 20 cleansing wipes
- 2 large sized individually wrapped sterile unmedicated wound dressings
- 2 medium sized individually wrapped sterile unmedicated wound dressings

Each first aider must restock any first aid kit they use, first aid supplies are available from the Lead First Aider



## 9.0 First Aid continued

### First Aid Room

The first aid room 26G will be available for use by any first aider who deems it necessary and will contain;

- a first aid kit
- a couch
- a pillow
- a blanket
- a sharps bin
- a privacy screen

Pupils with a medical need for privacy e.g., to check blood sugar levels, will be allowed to use the first aid room. A key to the first aid room will be made available to these pupils via the general office.

### Forms

The first member of staff to become aware of an incident is responsible for filling out the accident forms, they then pass the form onto the first aider to complete the first aid section.

If a member of staff deems it necessary for a pupil to see a first aider, it is that member of staff's responsibility to complete the paperwork then bring it to the first aider for them to complete the first aid section.

It is a legal obligation to complete this paperwork.





## 9.0 First Aid continued

### Emergency Situations

Emergency Call Form

#### Request for an ambulance

DIAL 999, ask for ambulance and be ready with the following information

1. 02890837223 (School Phone Number)
2. 134 Ballyclare Rd, Newtownabbey, BT36 5HP
3. Give exact location of victim within the school
4. Give your name
5. Give brief description of pupil's symptoms
6. Inform ambulance control of the best entrance and state that the crew will be met and taken to the pupil.

#### Speak clearly and slowly

This will be displayed beside the main office phone.

In all emergency situations a teacher or other member of school staff will be expected to act as a responsible adult or parent in the best interests of the child in recognition of their duty of care.

#### **If in doubt phone for the emergency services.**

Parents must be immediately alerted if the emergency services are called. A pupil taken to hospital will be accompanied by a member of staff who will remain until the pupil's parent/carer arrives. Where applicable and if possible, a copy of the pupil's AM1 should be taken. Health professionals are responsible for any decisions on medical treatment when parents are not available.

If a child must be driven to hospital by a member of staff, at least two members of staff should go. Staff should only take a pupil in their own car following advice from emergency services i.e. the 999 operator.; Remember it is safer to call an ambulance.



## 10.0 Common Conditions

### Asthma

Asthma is a condition that affects the airways.

There are two main types of medicines used to treat asthma, relievers and preventers.

If any pupil wishes to carry either type of inhaler, they should complete an **AM1** and an **AM3** available from the Medical Needs Co-ordinator. If parents/carers wish the school to store an extra inhaler for any pupil, they should deliver the inhalers to the Medical Needs Co-ordinator and complete an AM1 and an AM3.1.

An inhaler held by the school will be stored in the General Office and will be available at any time via the office staff. During Physical Education pupils who carry their own inhaler may ask a member of the PE staff to carry their inhaler for them.

The school holds an Emergency Salbutamol Inhaler that can be used if a pupil's own inhaler is unavailable or unsuitable for use. A consent form available from the Medical Needs Co-ordinator must be completed prior to the administration of the Emergency Salbutamol Inhaler. The administration of the Emergency Salbutamol Inhaler will be carried out by trained staff.

Common signs of an asthma attack;

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficultly speaking in full sentences
- Tummy ache (sometimes in younger children)



## **Asthma continued**

What to do in asthma attack;

- Keep Calm
- Encourage the pupil to sit up and slightly forward
- Make sure the pupil takes two puffs of reliever inhaler immediately (if available)
- Loosen tight clothing
- Reassure the child

If there is no immediate improvement continue to have the pupil take one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 urgently if:

- no reliever is available
  - the symptoms do not improve in 5-10 minutes
  - the pupil is too breathless or exhausted to speak
  - the pupil's lips are blue
- or
- if you are in any doubt

A list of all pupils with parental consent to use the school's emergency inhaler will be stored in the office, and a record of use must be maintained after each usage.



## **Epilepsy**

Epilepsy is a common condition that affects the brain and causes frequent seizures.

Any pupil with epilepsy will have an individual healthcare/medication plan provided by healthcare professionals available for review from the office.

The office should be contacted if a pupil has a seizure, who will in turn contact a trained member of staff and bring the healthcare/medication plan and medication to the scene if appropriate.

The following should be noted and communicated to the parents/carers if a pupil experiences a seizure in school;

- any factors which might possibly have acted as a trigger to the seizure, e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual 'feelings' reported by the child prior to the seizure;
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles;
- the timing of the seizure – when it happened and how long it lasted;
- whether the child lost consciousness;
- whether the child was incontinent.

Seizures can occur in a variety of forms; details of which type affects a pupil can be found in their individual healthcare/medication plan.

An absence seizure begins and ends abruptly and without warning. It consists of a period of unconsciousness with a blank stare. It may look like the person is daydreaming. The person may lose muscle control and make repetitive movements such as:

- chewing movements
- rapid breathing
- rhythmic blinking
- slight movements or tugging at clothing



## Epilepsy continued

Absence seizures are brief, usually lasting only two to 10 seconds. There is no confusion after the seizure, and the person can usually resume full activity immediately.

After the seizure, explain to the child that they just had a seizure and inform them of anything they missed.

A convulsive seizure might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered. It may also be prudent to remove any other pupils from the room to preserve the pupil's dignity.

Triggers such as worry, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

Triggers should be avoided wherever possible.

Pupils who take regular anti-epileptic medicine should do so outside of school hours.

The school will store oral buccal midazolam provided by the parents/carers for any pupil who requires it, if detailed in their medication plan and an **AM2** has been completed. The school will also arrange training for a number of staff to deliver buccal midazolam on an annual basis if any pupil requires it.



## Diabetes

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs, or the insulin is not working properly (Type 2 diabetes).

Pupils with diabetes will have an individual healthcare/medication plan provided by healthcare professionals which details each pupils' individual needs.

Pupils may store a 'hypo box', a container holding any required food substances or paraphernalia in the office which will always be available to them during school hours. The medical needs co-ordinator will also hold glucose/sugary products if needed.

Pupils will be given a pass that allows them out of class to check their levels in the first aid room.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a hypoglycaemic reaction (hypo) in a child with diabetes:

- hunger; sweating; drowsiness; pallor
- glazed eyes; shaking or trembling; loss of concentration
- headache
- irritability
- mood changes, especially angry or aggressive behaviour.



## **Diabetes continued**

If a child has a hypo, it is very important that the child is not left alone and that the office is contacted. The office will contact a trained first aider and bring the healthcare/medication plan hypo box and medication to the scene if appropriate.

Then a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10-15 minutes
- the child becomes unconscious

Some children may experience hyperglycaemia, (high glucose level), and have a greater than usual need to go to the toilet or to drink, any pupil with a diabetes pass should be allowed to use the toilet and get a drink as necessary. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.



## **Anaphylaxis**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). The school operates a nut free policy.

For severe allergic reactions a dose of adrenaline (epinephrine) may be administered via an auto adrenaline injector. Auto adrenaline injectors may be carried by pupils if an **AM3** is completed or stored in the office if an **AM2** is completed, we would recommend both. Auto adrenaline injectors will only be administered if prescribed, detailed in their healthcare/medication plan and an **AM2** has been completed. Auto adrenaline injectors will only be administered by those staff trained to do so on an annual basis.

Should a pupil have a severe allergic reaction contact the office immediately who will then contact a trained member of staff and bring the pupils healthcare/medication plan and medication to the scene.

For mild allergic reactions antihistamines may be administered. Antihistamines even non-prescription will be treated as a prescription medication. An **AM1** must be completed, if the school is to store and administer the medication an **AM2** must be completed, if the pupil is to administer and carry the medication themselves an **AM3** must be completed.

Minor Reactions (needing oral antihistamine):

Note any, or all, of the following symptoms and signs may be present in an acute allergic reaction.

Antihistamine should be given at the first sign of an allergic reaction and the child closely observed. Antihistamine dose may need to be repeated if the patient vomits. For a child who has asthma, if there is any sign of breathing difficulty then their reliever inhaler (usually blue) should be administered. Antihistamine and inhalers should only be administered by trained staff.





## **Anaphylaxis continued**

### Symptoms

- Feeling hot/flushing
- Itching
- "Nettle sting like" rash/welts/hives (urticaria)
- Red, itchy watery eyes
- Itchy, runny or congested nose or sneezing
- Swelling: face, lips, eyes, hands
- Tummy pain
- Vomiting or diarrhoea
- Metallic (funny) taste in the mouth

Even where mild symptoms are present the child should be watched carefully as they may be heralding the start of a more serious reaction.



## **Anaphylaxis continued**

If the reaction continues to progress despite antihistamine and any of the following symptoms/signs are seen, then the auto adrenaline injector should be administered into the muscle of the upper outer thigh, by trained staff and an ambulance called immediately.

- Severe reactions (needing auto adrenaline injection):
- Difficult/noisy breathing, wheeze, breathlessness, chest tightness, persistent cough
- Difficulty talking, change in voice, hoarseness
- Swelling, tightness, itchiness of the throat (feeling of 'lump in throat')
- Impaired circulation - pale clammy skin, blue around the lips and mouth, decreased level of consciousness
- Sense of impending doom ("I feel like I am going to die')
- Becoming pale/floppy
- Collapse

If an auto adrenaline injector is administered, the child should be kept lying down, with feet raised (e.g. on a chair) to assist circulation. They should transfer to hospital in this "head-down" position. Raising the patient's head or assisting them to sit or stand up can result in an acute severe deterioration of the allergic reaction. Occasionally, a second auto adrenaline injection may be required if there has been no improvement in the child's condition 5 to 10 mins after administering the first auto adrenaline injection.



## **ADHD**

Attention Deficit and Hyperactivity Disorder (ADHD) is characterised by inattention, over activity and impulsiveness and is usually present from early childhood. It can have a very detrimental effect on the child's life and development. Education is often disrupted; family life is commonly stressful and peer relations may suffer. In most cases, ADHD will persist into the post primary school age group.

Pupils who require medication for ADHD should wherever possible arrange for this to take place outside of school hours. If a pupil requires ADHD medication during school hours an **AM1** and **AM2** must be completed. Medication will then be stored locked in the general office; medication must be brought in by a parent/carer and an **AM 4** completed each time. A volunteer member of staff and a backup will be assigned to any pupil requiring medication and will meet the pupil at the office at the prescribed time and dispense the medication.

Pupils will be asked to confirm their name, date of birth, whether they have already received their medication and if the medication is of the correct type each time.

Parents/carers will be responsible for replacing and disposing of medication when required.



## **11.0 Review**

This policy will be reviewed annually (as required) by the Board of Governors and will be kept under review by senior members of staff who will keep Governors informed of any difficulties that may arise.



## Appendix 1 - Forms

# Integrated College Glengormley: individual healthcare plan



Date \_\_\_\_\_

Pupil's name

---

Form class

---

Date of birth

---

Child's address

---

Medical diagnosis or condition(s)

---

---

---

---

## Family Contact Information

Name

---

Relationship to child

---

Phone no. (work)

---

(home)

---

(mobile)

---

Name

---

Relationship to child

---

Phone no. (work)

---

(home)

---

(mobile)

---

## Clinic/Hospital Contact

Name

---

Phone no.

---

## G.P.

Name

---

Phone no.

---

**Plan prepared by:**

Name

---

Designation

---

Date

---

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

---

---

---

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

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---

---

Daily care requirements

---

---

Members of staff trained to administer medication to pupil.

---

---

Arrangements for school visits/trips etc

---

---

Other information

---

Describe what constitutes an emergency, and the action to take if this occurs.

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---

Follow up care.

---

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---







# Integrated College Glengormley: parental request for school to administer medicine.

Integrated College Glengormley will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date \_\_\_\_\_

Name of pupil

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Date of birth

\_\_\_\_\_

Form class

\_\_\_\_\_

Medical condition or illness

\_\_\_\_\_

\_\_\_\_\_

## Medicine

**NB: Parents must ensure medicines are in the original container as dispensed by the pharmacy, in date and properly labelled.**

Name/type of medicine

*(as described on the container)*

\_\_\_\_\_

Full Directions for use:

Dosage and method

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NB Dosage can only be changed on a doctor's instructions**

Timing

\_\_\_\_\_

Special precautions/other instructions

\_\_\_\_\_

Are there any side effects that the school needs to know about?

\_\_\_\_\_

Self-administration – yes/no

\_\_\_\_\_

Procedures to take in an emergency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Integrated College Glengormley: parental request for pupil to carry their medicine.



This form must be completed by parents/carers.

Date \_\_\_\_\_

Name of pupil

Address

Date of birth

Form class

Medical condition or illness

## Medicine

**NB: Parents must ensure that in date and properly labelled medication is supplied.**

Name/type of medicine

*(as described on the container)*

Procedures to take in an emergency

## Contact Details

Name

Telephone no. (home/mobile)

(work)

Relationship to pupil

Address

I would like my child to keep their medication on them for use as necessary.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

Agreement of Principal



# Integrated College Glengormley: record of use of asthma reliever



Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

Form class \_\_\_\_\_

Date reliever provided by parent \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Quantity received \_\_\_\_\_

Expiry date \_\_\_\_\_

Quantity returned \_\_\_\_\_

Staff signature \_\_\_\_\_ Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


# Integrated College Glengormley: record of medicine administered to an individual child.



Name of child \_\_\_\_\_ DOB \_\_\_\_\_ Year \_\_\_\_\_

Medical condition or illness \_\_\_\_\_

Date medicine provided by parent \_\_\_\_\_

Name & strength of medicine \_\_\_\_\_

Quantity received \_\_\_\_\_ Expiry date \_\_\_\_\_

Quantity returned \_\_\_\_\_ Dose & frequency of medicine \_\_\_\_\_

Staff signature \_\_\_\_\_ Signature of parent \_\_\_\_\_

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials






# Integrated College Glengormley: staff training record – administration of medicines



Name	
Type of training received	
Date of training completed	
Name(s) of condition/medication involved	
Training provided by	

I confirm that [name of member of staff] has received the training detailed above and is competent to administer the medication as described. I recommend that the training is updated [date of renewal].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_



## **Appendix 2 – Risk Assessment**

## ACTIVITY: PROVISION OF FIRST AID

Completed by: A. Gault

Date: 01/8/23

Review Date: 01/8/24.

Hazard	To Whom	Severity	Likelihood	Risk	Existing Precautions	Additional Precautions	Who	When
Injuries from slips/ trips/ falls	Pupils Staff Visitors	1	3	3	School maintains tidy orderly buildings, all trip/slip hazards identified, defined edges on all steps.	Building supervisor will apply grit and create pathways during cold weather.	All	
Cuts/ grazes/ puncture wounds	Pupils Staff Visitors	3	2	6	School maintains tidy orderly buildings. Pupils properly supervised when using scissors etc.	Higher risk subjects, HE, Technology, Science – pupils always supervised with sharp objects.	HOD, Class Teacher	
Burns and scalds ipG-chemical, radiation	Pupils Staff Visitors	2	3	6	Appropriate equipment provided to all, hot surfaces properly labelled, pupils trained to avoid burns.	Higher risk subjects, HE, Science, PE – Pupils always supervised and trained. Sun cream provided where appropriate	HOD, Class Teacher	
Contact injuries	Pupils Staff Visitors	3	3	9	Corridors supervised between lessons. Pupils supervised before school, break, lunch and after school.	Higher risk subject, PE – staff supervision, appropriate equipment and training.	HOD, Class Teacher	

<b>Anaphylactic reaction</b>	Pupils Staff Visitors	4	1	4	Medical details list provided to staff, cover staff and allergy list provided to canteen staff. Nut free policy in effect.	Select staff trained in emergency treatment of anaphylactic reactions.	A. Gault to arrange, see first aider list	Yearly
<b>Epileptic seizure</b>	Pupils Staff Visitors	4	1	4	Medical details list provided to staff, cover staff.	Select staff trained in epilepsy awareness and administration of buccal midazolam	A. Gault to arrange, see first aider list	Yearly
<b>Drug abuse</b>	Pupils Staff Visitors	4	1	4	Staff to be vigilant. Pupils taught of adverse effects of drug use.		HOD LLW	

General Precautions	Additional Precautions	Who	When
<ul style="list-style-type: none"> <li>School has a medical needs &amp; first aid policy.</li> <li>Suitable number of first aiders based on risk – school size/ location/ needs of pupils.</li> <li>Named first aiders clearly displayed and known to all staff.</li> <li>At least one appointed person on premises at all times</li> <li>Adequate first aid items available at all times and accessible</li> <li>Accidents reported and recorded.</li> <li>All staff suitable trained</li> <li>All staff aware of emergency procedures and procedures regularly reviewed.</li> </ul>	<ul style="list-style-type: none"> <li>Refresher training carried out in accordance with guidance and best practice.</li> </ul>	A. Gault	Yearly and as required



## **Appendix 3 – First Aiders**

### **Trained Staff**

#### **First Aid at Work**

L. Fox - 3B/9C

A. Gault – 17F

#### **Emergency First Aid at Work**

P. Boland – 18B

J. Booth - 4A

E. Campbell – 16S

J. Chalmers – 3G

N. Clark – 41G

O. Gihon-McClurg

D. Hanna – 18G

I. Hawthorne

S. Jameson – 15C

J. McDowell – 4C/Gym

L. McReynolds – 11S

B. Mills – Gym

L. Mitchell – Gym

E. Morrison

M. Rodgers – Gym

S. Sames – 15F

N. Seffen – Gym

C. Stanley

J. Sharpe – 9G

M. Veighey – 12F

K. Welshman – 1G

C. Woodward - 13S



## **Appendix 3 – First Aiders continued**

### **Emergency Treatment of Anaphylactic Reactions (EpiPen)**

A. Gault – 17F

J. Hamilton – 7A

D. Hanna – 18G

L. McReynolds – 11S

S. Sames – 15F

N. Seffen – Gym


J. Sharpe – 9G

M. Veighey – 12F

K. Welshman – 1G

If any pupil or member of staff requires first aid, please utilise the nearest first aider with appropriate training. Only a first aider may recommend a treatment if required.



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