



# London Design & Engineering UTC

## FIRST AID & MEDICINE POLICY

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Date Approved by the Board	21 November 2019
Date Policy was last reviewed or updated	November 2019
Version	2.0
Date of next Board review and approval	November 2020

# **FIRST AID AND MEDICINES POLICY**

## **REVIEW PROCEDURES**

The First Aid and Medicines Policy for London Design and Engineering UTC is to be reviewed annually by the Principal.

## **AMENDMENTS**

The Policy Document has been amended in light of updated guidance on supporting learners with medical conditions, drafted by the Department of Education for maintained schools and proprietors of academies in England. It is the responsibility of the Principal to ensure that the complete amendment is incorporated into all copies of the document and recorded accordingly on the Amendment Sheet. Copies of pages made redundant by the amendment are to be disposed of immediately and not to be retained for any reason.

# **FIRST AID AND MEDICINES POLICY**

## **DISTRIBUTION OF COPIES**

Master Copy	Principal
Copy One	Office Manager
Copy Two	All First Aiders
Copy Three	Staff Room – all staff

The Policy Document will be accessible to parents if requested or deemed necessary

## STATEMENT OF INTENT

The Board of Directors and Principal of the London Design and Engineering UTC believe that ensuring the health and welfare of staff, learners and visitors is essential to the success of the College.

We are committed to:

- Providing adequate provision for first aid for learners, staff and visitors.
- Ensuring that learners with medical needs are fully supported at College.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (**including supply staff**) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the College is appropriately insured and that staff are aware that they are insured to support learners in this way.

In the event of illness, a staff member will accompany the learner to the College office/medical room. In order to manage their medical condition effectively, the College will not prevent learners from eating, drinking or taking breaks whenever they need to.

The college also has a Control of Infections Policy which may also be relevant and staff should be aware of.

## Arrangements

### The First Aid Team

The members of staff in the College who trained in First Aid are:

- Sharon Sahota (Lead first aider)
- James Wayland (Lead first aider)
- Carla Doak (Lead first aider)
- Hitesh Patel (Lead first aider)
- Joshua Button (Lead first aider)
- Shafina Vohra
- Nazmin Chowdhury
- Onyi Iwu
- Deanna Weber
- Sabrin Aman
- Hemanshu Amin
- Chanel Edwards
- Fahad Tariq

## First Aid Boxes

The first aid posts are located in:

- The College Office (Reception Base)
- Fab Lab Prep Room
- Science Prep Room
- Kitchen

## Medication

Learners' medication is stored in:

- The Medical Room (near reception)

## First Aid

In the case of a learner accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- The first aider administers first aid and records details in our accident/incident book.
- If the child has had a bump on the head, they must be given a "bump on the head" note.
- Full details of the accident are recorded in our accident book
- If the child has to be taken to hospital or the injury is 'work' related then the accident is reported to the Principal.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), then as the employer the Principal will arrange for this to be done.

## Insurance Arrangements

The UTC's employer's liability insurance policy will provide indemnity for staff acting as First Aiders or emergency aiders as defined above. First aiders must ensure that any treatment they give is administered in accordance with the training they have received. So long as treatment is administered with good intent and in accordance with current good practice, the UTC's insurers will support the actions of its employees in the event of a legal case relating to first aid treatment.

## Educational Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

## Administering Medicines in College

**Prescribed medicines** may be administered in College (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal College hours. Wherever possible, the learner will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the College office.

Staff will ensure that records are kept of any medication given.

**Non-prescribed medicines may not be taken in College except for paracetamol with parental permission.**

### **Storage/Disposal of Medicines**

Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines quickly and easily from the medical room, by asking the front office/reception staff.

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. The learner will always be informed of exactly where the medicine is being kept.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to learners from the medical room (not locked away in that room), however access to the room will only be with a staff member (someone from reception will always be available for this).

Where a learner has been prescribed a controlled drug they may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. This will be monitored by the teaching staff and pastoral team. Where it is deemed that the learner is not able keep it in their possession, the College will otherwise keep controlled drugs that have been prescribed for a learner securely stored in the locked medical cabinet within the medical room and only the front office staff and pastoral team will have access to this. Controlled drugs will be easily accessible in an emergency. A record will be kept by the Office Manager of any doses used and the amount of the controlled drug held.

**Asthma inhalers will be held by the College for emergency use, as per the Department of Health's protocol.**

### **Accidents/Illnesses requiring Hospital Treatment**

If a child has an incident, which requires urgent or non-urgent hospital treatment, the College will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the learner until the parent arrives, or accompany a child taken to hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the College with up-to-date contact names and telephone numbers.

## Defibrillators

**Defibrillators are available within the College as part of the first aid equipment. First aiders are trained in the use of defibrillators.**

## Learners with Special Medical Needs – Individual Healthcare Plans

Some learners have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

Epileptic

Asthmatic

Have severe allergies, which may result in anaphylactic shock

Diabetic

Such learners are regarded as having medical needs. Most children with medical needs are able to attend College regularly and, with support from the College, can take part in most College activities, unless evidence from a clinician/GP states that this is not possible.

The College will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on College visits. A risk assessment will be used to take account of any steps needed to ensure that learners with medical conditions are included.

The College will not send learners with medical needs home frequently or create unnecessary barriers to learners participating in any aspect of College life.

However, College staff may need to take extra care in supervising some activities to make sure that these learners, and others, are not put at risk.

An individual health care plan can help Colleges to identify the necessary safety measures to support learners with medical needs and ensure that they are not put at risk. The College appreciates that learners with the same medical condition do not necessarily require the same treatment.

Parents/guardians have prime responsibility for their child's health and should provide Colleges with information about their child's medical condition. Parents, and the learner if they are mature enough, should give details in conjunction with their child's GP and Paediatrician.

The pastoral team will follow the Colleges SEN Policy with regards to such learners. Procedure that will be followed when the College is first notified of a learner's medical condition.

## Appendix

### Forms

<b>Form 1:</b>	Contacting Emergency Services
<b>Form 2:</b>	Health Care Plan
<b>Form 3:</b>	Parental agreement for College to administer medicine
<b>Form 4:</b>	Record of regular medicine administered to an individual child
<b>Form 5:</b>	Indication for administration of medication during epileptic seizures
<b>Form 5A:</b>	Epileptic seizure chart
<b>Form 6A:</b>	Emergency instruction for an allergic reaction - EpiPen®
<b>Form 6B:</b>	Emergency Instructions for an allergic reaction - Anapen®
<b>Form 7:</b>	Medication given in College (note to parent/carer)
<b>Form 8:</b>	Record of staff training

**FORM 1**

**Contacting Emergency Services**

**Request for an Ambulance**

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

1. Your telephone number:

\_\_\_\_\_

2. Give your location as follows:

London Design & Engineering UTC  
15 University Way  
London  
E16 2RD

3. State that the postcode is:

E16 2RD \_\_\_\_\_

4. Give exact location in the school (insert brief description)

Large black building at the far west of the University of East London  
Docklands Campus on the north dockside of Royal Albert Dock

5. Give your name: \_\_\_\_\_

6. Give name of child and a brief description of child's symptoms

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

**Speak clearly and slowly and be ready to repeat information if asked**

Put a completed copy of this form by the telephone



**Form 2**

**Health Care Plan**

**Health Care Plan**

<b>College</b>	
<b>Learner Name &amp; Address</b>	
<b>Date of Birth</b>	
<b>Class</b>	
<b>Medical Diagnosis</b>	
<b>Triggers</b>	
<b>Who Needs To Know About Learners Condition &amp; What constitutes and Emergency</b>	
<b>Action to Be Taken in Emergency and by whom</b>	
<b>Follow Up Care</b>	
<b>Family Contacts</b>  <b>Names</b>  <b>Telephone Numbers</b>	
<b>Clinic/Hospital Contacts</b>  <b>Name</b>  <b>Number</b>	
<b>GP</b>  <b>Name</b>  <b>Number</b>	

<b>Description of medical needs and signs and symptoms</b>	
<b>Daily Care Requirements</b>	
<b>Who is Responsible for Daily Care</b>	
<b>Transport Arrangements</b>  <i>If the learner has life-threatening condition, specific transport healthcare plans will be carried on vehicles</i>	
<b>College Trip Support/Activities Outside College Hours</b>  (e.g. risk assessments, who is responsible in an emergency)	
<b>Form Distributed To</b>	

Date \_\_\_\_\_

Review date \_\_\_\_\_

This will be reviewed at least annually or earlier if the child's needs change

**Arrangements that will be made in relation to the child travelling to and from College. *If the learner has life-threatening condition, specific transport healthcare plans will be carried on vehicles***

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**FORM 3**

**Parental agreement for London Design & Engineering UTC to administer medicine**

**(one form to be completed for each medicine)**

The College will not give your child medicine unless you complete and sign this form.

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

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

**Medicine: To be in original container with label as dispensed by pharmacy**

Name/type and strength of medicine \_\_\_\_\_  
*(as described on the container)*

Date commenced \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dosage and method \_\_\_\_\_

Time to be given \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the College should know about? \_\_\_\_\_

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency \_\_\_\_\_

**Parent/Carer Contact Details:**

Name \_\_\_\_\_

Daytime telephone no. \_\_\_\_\_

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

Address \_\_\_\_\_

I understand that I must deliver the medicine safely to College office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained College staff administering medicine in accordance with the College policy. I will inform the College immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**FORM 4**

**Record of regular medicine administered to an individual child**

Name of College \_\_\_\_\_

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

Date of medicine provided by parent \_\_\_\_/\_\_\_\_/\_\_\_\_

Group/class/form \_\_\_\_\_

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

Quantity returned home and date \_\_\_\_\_

Dose and time medicine to be given \_\_\_\_\_

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

Signature of parent \_\_\_\_\_

Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____

Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

**Form 4 (continued)**

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

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

Dose and time medicine to be given \_\_\_\_\_

Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	__/__/__	__/__/__	__/__/__
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

**FORM 5**

**INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Initial medication prescribed: \_\_\_\_\_

Route to be given: \_\_\_\_\_

Usual presentation of seizures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**When to give medication:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Usual recovery from seizure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action to be taken if initial dose not effective: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This criterion is agreed with parents consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in College will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.**

This information will not be locked away to ensure quick and easy access should it be required.



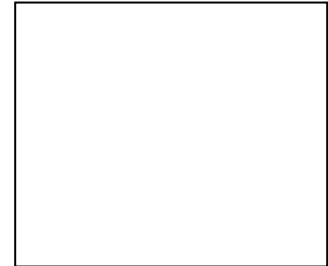


**EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergic to: \_\_\_\_\_

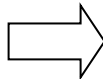


**ASSESS THE SITUATION**  
**Send someone to get the emergency kit, which is kept in:**

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS**

**MILD REACTION**

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

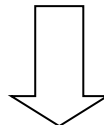


**ACTION**

- Give \_\_\_\_\_ (Antihistamine) immediately
  
- Monitor child until you are happy he/she has returned to normal.

**SEVERE REACTION**

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



## **ACTIONS**

1. Get \_\_\_\_\_ EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an  
**'ANAPHYLACTIC REACTION'**
2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

**Emergency Contact Numbers**

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Signed Principal: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signed parent/guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date agreed: \_\_\_\_\_

Signed Pediatrician/GP: \_\_\_\_\_ Print Name: \_\_\_\_\_

Care Plan written by: \_\_\_\_\_ Print Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date of review: \_\_\_\_\_

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

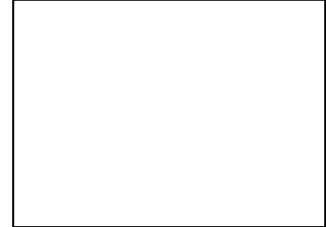
**Check expiry date of EpiPen® every few months**

**EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergic to: \_\_\_\_\_

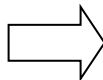


**ASSESS THE SITUATION**  
**Send someone to get the emergency kit, which is kept in:**

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER  
RAPIDLY AS A REACTION DEVELOPS**

**MILD REACTION**

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

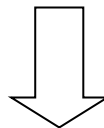


**ACTION**

- Give \_\_\_\_\_  
(Antihistamine) immediately
  
- Monitor child until you are happy he/she has returned to normal.

**SEVERE REACTION**

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



## **ACTIONS**

1. Get \_\_\_\_\_ ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an  
**'ANAPHYLACTIC REACTION'**
2. Sit or lay child on floor.
3. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.
5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives. Accompany child to hospital in ambulance.
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

**FORM 7**

**Medication given in College (note to parent/carer)**

**Name of College** \_\_\_\_\_

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

**Group/class/form** \_\_\_\_\_

**Medicine given** \_\_\_\_\_

**Date and time given** \_\_\_\_\_

**Reason** \_\_\_\_\_

**Signed by** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Designation** \_\_\_\_\_





## **Useful Contacts**

### **Allergy UK**

Allergy Help Line: (01322) 619864

Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

### **The Anaphylaxis Campaign**

Helpline: (01252) 542029

Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and [www.allergyinschools.co.uk](http://www.allergyinschools.co.uk)

### **Association for Spina Bifida and Hydrocephalus**

Tel: (01733) 555988 (9am to 5pm)

Website: [www.asbah.org](http://www.asbah.org)

### **Asthma UK** (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: [www.asthma.org.uk](http://www.asthma.org.uk)

### **Council for Disabled Children**

Tel: (020) 7843 1900

Website: [www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

### **Contact a Family**

Helpline: 0808 808 3555

Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

### **Cystic Fibrosis Trust**

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

### **Diabetes UK**

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

### **Department for Education and Skills**

Tel: 0870 000 2288

Website: [www.dfes.gov.uk](http://www.dfes.gov.uk)

### **Department of Health**

Tel: (020) 7210 4850

Website: [www.dh.gov.uk](http://www.dh.gov.uk)

### **Disability Rights Commission (DRC)**

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: [www.drc-gb.org](http://www.drc-gb.org)

**Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

**Health and Safety Executive (HSE)**

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: [www.hse.gov.uk](http://www.hse.gov.uk)

**Health Education Trust**

Tel: (01789) 773915

Website: [www.healthedtrust.com](http://www.healthedtrust.com)

**Hyperactive Children's Support Group**

Tel: (01243) 551313

Website: [www.hacsg.org.uk](http://www.hacsg.org.uk)

**MENCAP**

Telephone: (020) 7454 0454

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

**National Eczema Society**

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: [www.eczema.org](http://www.eczema.org)

**National Society for Epilepsy**

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

**Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: [www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)