



## FIRST AID AND MEDICAL POLICY

**(Please refer also to Administering Medicines Policy)**

This policy applies to the whole school including the Early Years foundation Stage.

### **Aim**

**The school aims to provide all pupils and staff with high quality pastoral care which supports their individual needs and provides equal opportunities for all. The school welcomes pupils with medical conditions and encourages them to achieve their potential in all aspects of school life.**

### **In order to achieve this we:**

- Administer first aid in a timely and competent manner.
- Give a high quality medical support to all pupils and staff with medical needs in the school and keep parents informed when necessary.
- Provide First Aid for any casualties during school hours and to provide guidance for all staff and pupils in the school regarding the procedure for First Aid.
- Are involved, where appropriate, in Health Promotion and Health Education in school and seek to prevent staff and pupils from placing themselves at risk.
- Ensure that all protocols and procedures are adhered to on a day to day basis and as well as in an emergency.
- Ensure that all records are kept up to date and conform to national guidelines

### **These aims are achieved by:**

- By ensuring that an appropriate number of qualified First Aiders is maintained.
- Always having at least one qualified First Aider on our school site or on trips when children are present.
- Always having at least one qualified Paediatric First Aider on our school site or on trips when EYFS children are present.
- Providing a list of first aiders which is available from the School Office.
- By ensuring that members of staff know where First Aid boxes are located and that all First Aid boxes are checked regularly by the staff and missing or used items are replaced.
- Removing and correctly disposing of any out of date medical supplies.
- By providing first aid bags to be used by duty staff in play areas for very minor cuts and grazes and ensuring bags are regularly replenished. (please **see Administering Medicines Policy**)
- By ensuring that a confidential record on each child is available which includes any special medical needs and that this is available through the school office.
- By ensuring that a confidential list of children with allergies and severe medical conditions is sent to all teachers, is displayed in the staff room, the office and the kitchen. There are copies inside the medicine cabinet and in the After School Care File.
- All staff supervising swimming must have current life-saving qualifications.
- Recording all medical visits to the school Medical Assistant or school office by pupils and staff.



## Legislative Overview

This policy takes account of the following legislation and advice:

Health and Safety at Work etc. Act 1974 (HSWA)

Health and Safety (First Aid) Regulations 2013,

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) First Aid in Schools guidance (DfE) (updated Feb 2014)

## General

### Role of Parents

- Parents must inform the school on the entry if their child suffers from an ongoing medical condition to ensure that the school understands the triggers and the medication required. • Parents must provide the necessary medication and ensure that it is kept up to date.
- Children with the potential to have anaphylaxis should have two epipens in school which are kept in their classroom and the main school office.
- Each year parents are asked to update their child's medical care plan.
- If there are any changes to their child's condition it is their responsibility to inform the school immediately.
- Children should remain at home for 48 hours following the onset of vomiting or diarrhoea. The school should be informed of all communicable diseases.

### Role of the Head

- The Head is responsible for putting this policy into practice and will ensure all new staff are made aware of First Aid procedures in school as part of the induction process. The Head will also make available this Policy on First Aid to any interested parent.
- At the start of each academic year, provide the first aid team with a list of pupils and staff who are known to be suffering from asthma, anaphylaxis, diabetes and epilepsy or have any other serious illness.

### Role of Staff

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. They are:

- Made aware of their roles, accountability and responsibilities in respect of Health and Safety and are kept updated on First Aid Procedures.



- Have the responsibility to be aware of all children in their care who suffer from allergies.
- Kept informed by the school office of any changes in children's conditions.
- Responsible for ensuring that the necessary medication is taken on all school outings.
- Expected to attend the training which is provided every three years.
- All teaching staff have been trained in the use of an "Epipen" and are authorised to use one in an emergency. Refresher training is undertaken as required.

### **Role of School Medical Assistant**

- On duty to deal with all medical needs throughout the school, staff and pupils, sickness, illness and injuries
- Provide all staff with lists of the medical needs of the children which are updated as necessary
- Keep records of all injuries/ illnesses/accidents in appropriate books
- Maintain the school medical policies and update as required
- Be responsible for stocking up and refilling or renewing all medical first aid boxes around the school
- Provide staff with first aid boxes and sickness equipment needed for outings and trips
- Maintain stocks of first aid supplies
- Accompany children to hospital, when parents not available, as requested by the Headmistress
- Deal with any bodily fluid spillages
- Attend major school events for first aid
- Assist with PSHCE lessons as needed

### **First Aiders and Training**

**We aim for all staff to be trained in basic first aid every three years. Further staff hold a Paediatric First Aid certificate or First Aid at Work certificate. Please see Appendix 1.**

The school ensures that a Paediatric First Aider is always available throughout the school day and that their qualifications are current. They will:

- Attend to a casualty when requested and treat that person to the best of their ability within the training they have received.
- Have access to a file of up to date medical consent forms for every pupil and ensure that these are readily available for staff responsible for school trips and outings.
- Take the decision, in consultation with the Headmistress or most senior member of staff present, to call for an ambulance or contact relatives in an emergency.
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school or on a trip.



## Administering First Aid

A child requiring first aid should be sent to the school Medical Assistant, who is based in the After School Care room, or, when she is absent the school office.

Only a First Aider will administer medicines or undertake any treatments other than cleaning and dressing a wound. Wounds will be cleansed with fresh tap water and covered with a plaster or dressing. Whenever possible a member of staff should administer first aid or medicine in the presence of another adult.

First Aiders will keep a record of each pupil or person attended to, the nature of the injury and any treatment given. Logs are kept in a spreadsheet in the staff area of the school network and maintained by the school secretary.

First Aiders will ensure that they do not compromise their own safety and health. This includes wearing gloves where any loss of blood or body fluid is evident and calling for help from other First Aiders or Emergency Services.

**Clean up procedure for body fluids:** blood, faeces, nasal and eye discharges, saliva and vomit may contain viruses or bacteria capable of causing disease and must be cleaned up immediately. It is vital to protect both yourself and others from the risk of cross infection. The person(s) who is at the scene of the accident should carry up an initial clean up following the procedure below and if necessary call the school's site manager:

- Wear disposable gloves. These are contained within the nearest first aid kit. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Place absorbent paper over the affected area and allow the spill to be absorbed. Wipe up using these and place in a bin which has a bin liner or plastic bag
- Put more absorbent paper over the affected area
- Discard fluid-contaminated material in plastic bags along with the disposable gloves. The bag must be securely sealed and disposed of. If the products contain blood, they should be they should be double bagged and tied securely then placed in the school sanitary bins. If other bodily fluids, they should be double bagged and tied securely before being placed in the large bin outside the kitchen
- Any articles of children's clothing that has been contaminated from the spillage should be put in a plastic bag and tied up for the parents to take home
- Don't use mops to clean up blood and body fluid spillages. Use paper towels instead
- Ensure contaminated clothing is laundered at the hottest wash the fabric will tolerate
- The area then needs to be cordoned off until cleaned
- If the spillage has been extensive, the area may need to be closed until it can be cleaned thoroughly.
- If a member of staff needs to clean up clean and disinfect any surfaces on which body fluids have been spilled

## Replenishing First Aid Boxes

The school Medical Assistant checks and restocks the Emergency First Aid boxes termly. In-between times it is the responsibility of staff who are based in the rooms where the boxes are kept to inform the



Medical Assistant when new supplies are required. The Medical Assistant will then replenish as requested.

### **Children taken ill during the school day**

- When a child complains of feeling ill they should be sent to the school Medical Assistant or in her absence the school office where they will be assessed.
- If there is a cause for concern the parents should be informed and asked to pick them up as soon as possible. Otherwise they will be sent back to class.
- Should it prove difficult to contact the parent, depending on the age and illness of the child, they will be sent back to their class or to the medical room.
- The class teacher will be informed of any child who is sent home.

### **Confidentiality**

The Head and staff will always treat medical information confidentially. The Head will agree with the parent who else should have access to records and other information about a child. If information is withheld from staff due to confidentiality, they will not be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **Reporting of Significant Injuries and Accidents**

- All **significant injuries and accidents** to staff or pupils must be recorded in the Accident Book B1 510 according to the regulations for Reporting of Injuries, Diseases and Dangerous Occurrence (RIDDOR) as laid down by the Health and Safety Executive. The Accident Book is kept in the Office and it is the responsibility of the member of staff attending the incident either on site or at away matches or trips, to fill in the Accident Book.
- All incidents involving a blow to the head or an injury of some significance that does not require hospital treatment should be reported to the parents and logged. This should be done by a phone call and a letter.

### **Reporting of Minor Injuries**

The school also keeps a record of any first aid treatment given by First Aiders and includes:

1. The date, time and place of the accident.
2. The name of the injured or sick person.
3. Details of the injury/illness and what first aid was given.
4. What happened to the person immediately afterwards (eg. went home, back to class, went to hospital).
5. Name and signature of the First Aider or person dealing with the incident.

The school also maintains an online log each time medicines are given.



## Hospitalisation

In the event of a serious accident, injury or medical emergency the following steps should be taken to ensure that the correct help is given as quickly as possible: • An ambulance should be called immediately.

- **The injured person should not be moved if there is any suspicion that doing so could exacerbate his or her injuries.**

The First Aider, in consultation with the Headmistress, having taken the decision to send a child to hospital, will ensure that the child who is sent to hospital by ambulance is either:

- Accompanied in the ambulance.
- Followed to hospital by a member of staff to act in loco parentis if a relative cannot be contacted. The member of staff accompanying a pupil should wait at the hospital until the pupil's parent or guardian arrives.
- The parents must be contacted as quickly as possible and asked to join their child at school or hospital as appropriate. Members of staff should not wait for parents to arrive to take pupils to hospital unless they are certain that treatment is not urgently required.
- The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.
- If a member of staff uses his/her own car to take an injured person to hospital, consideration should be given to the need for another responsible adult to accompany the driver.
- Essential information regarding the injured person and any details of the event/accident must be taken to the hospital with the person.

## School Trips

- Parents provide details on the consent form of any medical conditions that may affect their child while on the trip. They also provide emergency contact details plus the name and phone number of the child's doctor. This consent form is carried by the trip organiser and is immediately available in case of need. The school is prepared, where possible, to allow a parent to accompany a sick child on a trip if that child would be otherwise prevented from going on the trip due to their condition.
- The designated organiser of the trip will ensure that they have a current medical consent form for every pupil that they take out on a school trip and that they are informed of any specific conditions or medications of which they should be aware.
- Trip organisers must ensure that their portable first aid kits are adequately stocked and always to hand.

## Administration of Medicines

See Administration of Medicines Policy

## Allergies and Anaphylaxis

### The Signs and Symptoms of Anaphylaxis

- 1 Generalised flushing of skin anywhere on the body.
- 2 Nettle rash (hives) anywhere on the body.



- 3 Difficulty in swallowing and speaking.
- 4 Swelling of the throat, lips, mouth and eyes
- 5 Increased heartbeat.
- 6 Asthma type symptoms shortness of breath, wheezing, tightness in chest, difficulty speaking in a full sentence
- 7 Abdominal pain, nausea and vomiting
- 8 Sudden feeling of weakness and 'sense of doom'
- 9 Collapse and unconscious

### **Asthma**

The School recognises that asthma is a widespread, serious but controllable condition affecting many pupils. All staff that come into contact with pupils with asthma will be trained to recognise the signs and symptoms of asthma and what to do in an emergency. When a dose has been administered the details are entered into an electronic log.

### **Asthma Medicines**

- Parents are asked to fill in a form indicating what medication the child is on daily, reliever medication and what triggers an attack.
- Parents are asked to fill in a form giving their consent to the school spare inhaler and Volumatic to be used if necessary.
- Parents are asked to provide spare inhalers, and Volumatics when appropriate, which are clearly named.
- It is the responsibility of the parents to inform the school office of any changes in medication and to provide such medication. Spare inhalers and spacers are kept in the medicine cupboard in the school office.
- A file is kept in the Medical/ASC room containing care plans on each child suffering from asthma with relevant contact numbers.

In the event of an attack the nearest designated First Aider, should be called. While waiting the child suffering should be kept calm and tight clothing loosened. Once the first aider arrives she will make an assessment and give medical aid as she sees appropriate.

***It is important to remember that anyone with an allergy may develop Anaphylaxis with repeated exposure to the allergen.***

### **Head Injuries**

We take all head injuries very seriously because of their potential danger. The injury is logged and the child is given a sticker with the details of the injury to alert staff to be vigilant. Any casualty who has sustained a significant head injury must be seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital. Parents are to be advised of all significant head injuries promptly.

If a child has sustained a minor head injury parents will be informed by telephone or email and take a letter home with them at the end of the day. Please see fact sheet

[http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion\\_fact\\_sheet\\_for\\_schools.pdf](http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_schools.pdf)



## Out of School Hours

In the event of an accident or medical emergency occurring outside school hours on the premises the same procedure should be put into action and it is the member of staff responsible for the activity or the nearest First Aider who should ensure the correct procedure is adhered to.

## Statutory requirements

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE (Health and Safety Executive). The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

The following accidents must be reported to HSE if they injure either the school's employees during an activity connected with work, or self-employed people while working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence);
- accidents which prevent the injured person from
- doing their normal work for more than three days (including acts of physical violence). For definitions of major injuries, dangerous occurrences and reportable diseases see HSC/E guidance on RIDDOR 1995

## Responsibilities of the Board of Governors

Ultimate responsibility rests with the Board of Governors of The Granville School who will ensure the provision of adequate First Aid cover. The House Committee will monitor and respond to all matters relating to the health and safety of all persons on school premises. They will report termly to a full Governors' Meeting who in turn will review all Health and Safety Procedures at their Spring Term meeting.

## Linked Policies:

- Administration of Medicines Policy

## List of Appendices

Appendix 1 - Staff First Aiders

Appendix 2 - Location of First Aid Supplies

Appendix 3 -Medical form

Appendix 4 -Parental agreement for school to administer medicine

Appendix 5 - CONSENT FORM:USE OF EMERGENCY SALBUTAMOL INHALER

Appendix 6 – Health Care Plan

Appendix 7 - Dealing with Anaphylaxis

Appendix 8 - From DfE: Responding to signs of an asthma attack



## The Granville School

### Appendix 1

#### Staff First Aiders

The first aid training staff list is maintained by the school secretary.

### Appendix 2

#### Location of First Aid Supplies

School Office	Yes	Main Building	School Office	Large Bag and some extra supplies
After School Room/First Aid Room	Yes	Maureen Froggatt	Cupboard under sink (key in top cupboard)	Large Box and extra supplies
Nursery	Yes	Evans Lodge	Classroom cupboard	Box
Transition	Yes	Evans Lodge	Classroom cupboard	Box
Reception	Yes	Evans Lodge	Classroom cupboard	Box
Classes 1,2 & 3 (shared)	Yes	Ena Makin	Class 1	Box
Class 3	Yes	Ena Makin	Class 3 hanging on back of the door	Portable Bag
Classes 4H & 4S (shared)	Yes	Ena Makin	Class 4H	Box
Classes 5C & 5H/S (shared)	Yes	Main Building	Class 5H/S by patio doors	Box
Classes 6Q & 6V (shared)	Yes	Main Building	Class 6V on window Ledge	Box
Science Lab	Yes	Main Building	on window Ledge in Lab	Box
Studio	Yes	Studio	Window Ledge	Box
PE office	Yes	Main Building	Office	2 Large sports bags for events, 1 Portable Bag



PE office	Yes	Main Building	Outside office on window Ledge	Box
Swimming pool	Yes	Main Building	Window Ledge	Box
Art & DT	Yes	Evans Lodge	Classroom kitchen worksurface	Box
Main Kitchen	Yes	Main Building	Kitchen serving area	Box
IT Suite	Yes	Main Building	Classroom by the door	Box
After School Care/French room	Yes	Maureen Froggatt	Above sink in cupboard	1 Compact portable bag
Minibus	Yes	Mini Bus	Side of seat	Box
Residential Trips	Yes	Main Building	School office, Cupboard	Large Bag for residential trips
Day outings/trips	Yes	Main Building	School office, Cupboard	2 Compact Portable Bag
Junior Playground - Breaktimes	Yes	Ena Makin	Class 1 breakbox with whistle	Compact Portable Bag
Terrace Playground - Breaktimes	Yes	Main Building	Hanging up outside PE cupboard with whistle	Compact Portable Bag
Fairy Playground - Breaktimes	Yes	Evans Lodge	Transition classroom	Compact Portable Bag

#### **First Aid Blankets**

School Office, After School Room/First Aid Room, Minibus

#### **Defibrillator**

School Office



**Appendix 3**

**Medical Form**

Parents of new pupils are requested to complete and return the enclosed questionnaire to the School Secretary.

Name of pupil .....	Class .....
Date of birth .....	

<b>RECORD OF IMMUNISATIONS:</b>	
TYPE	DATE
Diphtheria,tetanus,whooping cough, polio	
Haemophilus influenza type B (Hib)	
Pneumococcal infection	
Meningitis B	
Meningitis C	
Rotavirus	
Measles, Mumps, rubella	
Influenza vaccine (nasal spray for Years 1 & 2 )	

<b>PLEASE GIVE DETAILS OF THE FOLLOWING:</b>
*Any allergies, sensitivities to food or special dietary requirements:



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*Any chronic or recurring medical conditions needing regular or occasional medication or treatment:
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History of any serious illnesses or injuries which required hospital admission:
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Any other conditions that might affect your child in his or her school life:
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Are there any psychological factors that affect your child of which we should be aware?
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Name of GP .....

Address of GP.....

Telephone number of GP .....

**\*It is essential that a healthcare plan form (available from school office) is completed if either of these apply.**

**Please complete the following section.**

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The Granville is not permitted to administer any medicine to your child unless we have your written consent. If it is necessary for your child to have medication of any sort these should be brought to the school office where a member of staff will provide a permission slip for you to complete. Girls are not permitted to keep any medication themselves. Medication may only be handed in and collected from the office by an adult.

On the advice of Dr Lay, our school medical advisor, we stock a few medicines which we will administer to your child if necessary. Please indicate below whether or not you consent to The Granville School administering these medications to your child

The school can administer Calpol/Calpol 6+, Piriton linctus, Strepsil throat lozenges (if provided in a named box), Anthisan cream for bites, Waspeze, Arnica for bruises, Nurofen (ibuprofen) 3 months to 12 years, (not for asthmatics).

By signing below you further agree that in the event of an emergency, a member of staff trained in first aid may provide emergency treatment as considered necessary. This could include the transfer of the child to the nearest hospital should a parent/guardian not be available. Should the school be unable to contact you, this authorises the school to make a decision on your behalf should consent be required for urgent treatment (including anaesthetic or operation) recommended by a doctor.

In addition, you undertake to keep the school informed of any change in the above information, including any amendments to emergency contact details previously advised. You undertake to notify the school immediately should your child contract any communicable or other disease or should his or her health change so as to render any of the above information incorrect.

**Delete as appropriate**

I am happy for the school to administer the above medicines to my child if necessary.

I do not want the school to administer any medicines.

Signed: ..... (Parent/Guardian)

Please Print: .....

Date: .....



Appendix 4

**Parental agreement for school to administer medicine**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine. The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instructions for administration printed clearly on the label.

Name of child .....

Class .....

Medical condition or illness .....

**Medicine**

Name of medicine (as described on the container) .....

Name of Dr who prescribed medicine .....

Phone no of Dr .....

Dosage .....

Date Dispensed .....

When to be administered .....

Any other information? .....

.....

.....



**I understand that I must deliver/collect the medicine personally to/from the School Office.**

**I accept that this is a service that the school is not obliged to undertake.**

**I understand that I must notify the school of any changes in writing.**

**Signature .....**

**Date .....**

**Name.....**

**Contact No. ....**



**Appendix 5**

**CONSENT FORM:USE OF EMERGENCY SALBUTAMOL INHALER**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept in the school office.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail: .....



Appendix 6

HEALTH CARE PLAN

Child's name .....

Class .....

Date of Birth .....

Child's address .....  
.....  
.....

Medical diagnosis or condition

.....  
.....

Date .....

Family Contact Information

Name .....

Phone No. (work) ..... (mobile) .....

Phone No. (home) .....

Name .....

Phone No. (work) ..... (mobile) .....

Phone No. (home) .....

Clinic/Hospital Contact if applicable

Name .....

Phone No. .... G P

Name ..... Phone No.

.....

Signature .....

Date .....



**Describe medical needs and give details of child's symptoms**

**Daily care requirements (e.g. before sport/at lunchtime/break)**

**Describe what constitutes an emergency for the child, and the action to take if this occurs**

**Follow up care**



## Appendix 7

### Dealing with Anaphylaxis

Someone experiencing anaphylaxis should be placed in a comfortable position.

Most people should lie flat.

Pregnant women should lie on their left side to avoid putting too much pressure on the large vein that leads to the heart.

People having trouble breathing should sit up to help make breathing easier.

People who are unconscious should be placed in the recovery position to ensure the airway remains open and clear – place them on their side, making sure they're supported by one leg and one arm, and open their airway by lifting their chin.

Avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure.

There is no need to remove clothing to use your EpiPen®, but make sure the orange end will not hit buckles, zips, buttons or thick seams on your clothes.

To remove EpiPen® from the carry case. Flip open the lid on the carry case. Tip the carry case and slide the EpiPen® out of the carry case.

Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.

**Inject first then call 999 and ask for an ambulance and state anaphylaxis or get a colleague to call while you inject.**



Each EpiPen® can only be used once. If symptoms don't improve, you can administer a second EpiPen® after 515 minutes.



**Appendix 8**

**From DfE: Responding to signs of an asthma attack:**

- *Keep calm and reassure the child*
- *Encourage the child to sit up and slightly forward.*
- *Use the child's own inhaler – if not available, use the emergency inhaler*
- *Remain with child while inhaler and spacer are brought to them*
- *Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately • If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.*
- *Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better*
- *If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE*
- *If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way*
- *The child's parents or carers should be contacted*

