

# **First Aid & Medical Conditions Policy**

Policy Adopted by Headteacher: December 2018

Policy Last Reviewed on: December 2017

Policy Due for Review on: December 2021

# FIRST AID

## 1.0 INTRODUCTION

1.1 The purpose of this First Aid Policy is to enable the school to effectively meet the requirements of the Health and Safety (First Aid) Regulations 1981 and in doing so to:

- Provide for the immediate needs and requirements of staff and students who have sustained either a serious or a minor injury
- Ensure that adequate resources and arrangements are in place to deal with injuries/accidents as they arise
- Ensure lines of communication with parents/guardians are in place if required
- Activate a known plan of action with which all staff are familiar

1.2 The School shall inform employees of the first-aid provisions made for staff, including the position of equipment, facilities and names of designated first aiders.

1.3 The treatment of minor illness by the administration of medicines and tablets falls outside of the definition of first aid in the Regulations and the School will not permit the presence of any such medication in designated first-aid boxes. Please refer to the Managing Medicines Policy for more information.

## 2.0 DEFINITIONS

2.1 **'First aid'** means medical treatment for an injured person for the purpose of preserving and stabilising life and minimising the consequences of injury or illness until further medical treatment can be administered.

2.2 **'First aider'** means: a person who holds a valid First Aid at Work Certificate or equivalent qualification.

## 3.0 ROLES AND RESPONSIBILITIES

- The overall responsibility for the day-to-day management of school rests with the Head teacher.
- The class teacher is responsible for classroom supervision and all staff on break duty are directly responsible for the supervision of pupils at break time.
- The School's Health and Safety Officers are the School Business Manager and the Premises Officer.
- The Assistant Headteacher is responsible for ensuring training is up to date.

## 4.0 ASSESSMENT OF FIRST-AID NEEDS

4.1 The Head Teacher shall make an assessment of first-aid needs appropriate to the circumstances of the school. The Head Teacher will need to assess what facilities and personnel are appropriate, and to justify the level of first aid provision. Where necessary and relevant, all staff will be trained on how to administer aspects of first aid e.g. epi-pens.

4.2 Where the first-aid assessment identifies a need for employees to be trained as first aiders, the Head Teacher shall ensure they are provided in sufficient numbers at appropriate locations to enable first aid to be administered without delay should the occasion arise. **All designated first aiders must re-qualify every 3 years. This means re-qualifying before the end of the third year when the certificate is no longer valid. It is the responsibility of the CPD leader to ensure they are booked onto the course before cancellation of the certificate.**

4.3 All staff will ensure that they have read the school's First Aid Policy, and sign the training record to say they have done this.

## 5.0 MANAGEMENT OF FIRST-AID EQUIPMENT

5.1 It shall be the responsibility of the School Business Manager and Premises Officer to ensure the provision of materials, equipment and facilities needed for the level of cover required. This will include ensuring that first-aid equipment, suitably marked and easily accessible, is available in the agreed designated areas listed in item 6.2 below.

Where additional or replacement material or equipment is required, staff should speak to the Admin Officer or Resource Officers about ordering more items immediately. The Resource Officers and Admin Officer will also ensure that all out of date items are discarded and replaced. These need to be checked on a regular basis i.e termly.

5.2 Although the Admin Officer, School Business Manager and Premises Officer are responsible for maintaining and checking the first aid equipment, it is also expected that before going on duty/ on a school visit etc, first aiders shall take responsibility for ensuring their first-aid box and bumbag contents are sufficient.

## 6.0 FIXED AND PORTABLE FIRST-AID BOXES

6.1 All School first-aid boxes and bumbags are coloured green and are identified by a white cross on a green background. This conforms to the Safety Signs and Safety Signals Regulations.

6.2 Each fixed box should be placed where it can be clearly identified and readily accessible. First Aid Boxes are located:

- in the main lobby area (GROUND FLOOR)
- In the Staff Room
- in the Nursery Block
- in the Reception Block
- Portable First Aid kits are taken on educational visits.

6.3 The boxes should contain a sufficient quantity of suitable first-aid materials.

According to DFE guidance, as a minimum, First Aid Boxes should contain: micropore, scissors, triangular bandage, wound dressing, instant ice pack and gloves. **No medicinal substance or materials are permitted within a first-aid box. This includes items such as antiseptic sprays, lotions, suntan oil, etc.**

6.4 Individually wrapped sterile moist wipes, not impregnated with alcohol or antiseptic, may be used.

6.5 Blunt ended stainless steel scissors should be kept in the boxes in case there is the possibility that clothing may have to be cut away prior to first aid treatment.

6.6 Where tap water is not available for use as an eye wash only sterile water, sterile normal saline or sterile normal saline eye irrigation should be provided near the firstaid box.

**Eye baths/cups/refillable containers should not be used for eye irrigation.**

6.7 Where medicines have to be held by a manager for safety/security reasons, the separate lockable container must be used. This is in the school office. A register of contents must be kept up to date. Please see Managing Medicines policy for more information. (see section 1.3)

**Any person may dispense medicines if they have permission from their line manager to do so.**

## 7.0 FIRST-AID ROOMS AND TREATMENT AREAS

7.1 According to DFE guidance, where first-aid needs to be administered in a room, it should be administered in the school office or another room which will:

- (a) be large enough to hold necessary equipment;
- (b) have washable surfaces and adequate heating, ventilation and lighting;
- (c) be kept clean, tidy at all times;
- (d) be positioned as near as possible to a point of access for transport to hospital;
- (e) display a notice on the door advising of the names, locations and telephone numbers of first aiders
- (f) have a sink (with hot and cold water if possible);
- (g) have drinking water and disposable cups;
- (h) have soap and paper towels;
- (i) have a suitable container (preferably foot operated) lined with disposable waste bags

**This means that, if needed, First Aid can also be administered in a classroom, the hall or the art space.**

The office has:

- (j) a store for first-aid materials;
- (k) a telephone or other communication equipment; and
- (l) Disposable gloves and aprons, should be provided near the first-aid box. These will be used to protect the first aider from contact with body fluids.
- (m) a First-Aid Record Book for recording incidents where first aid has been given.

**At all times the dignity and feelings of the patient must be respected.**

## 8.0 FIRST-AID TRAINING

8.1 The CPD leader will arrange training for the qualification and re-qualification of first aiders.

8.2 Before being nominated the designated first aider by their manager, a first aider must hold a valid First Aid at Work Certificate of competence or an equivalent qualification. In the event of an unqualified person being nominated to be responsible for first-aid duties, they will be required to undergo a suitable course of training.

## 9.0 PROVISION OF FIRST AIDERS

9.1 There shall normally be a minimum of 5 first aiders or appointed persons within the school between 8:55am and 3:25pm. At least one first aider will be on duty at playtimes and there will always be a first aider in the office in lesson time.

9.2 Consideration must also be made to ensure first-aid cover during absences, such as annual leave and sickness. This is the responsibility of the Bursar and Inclusion Manager. During the times of reading Café from 8.00am to 8.55am and Carry on Café from 3.15pm to 6.00pm there will be a minimum of two first aiders within the school.

## 10.0 CATEGORIES OF INCIDENTS AND PROCEDURES

Any pupil complaining of illness or who has been injured is sent to the School Office for the qualified First Aider(s) to inspect and, where appropriate, treat. Constant supervision will be provided. Should the child be too ill to stay at school, parents should be contacted as soon as possible so that the child can be collected and taken home. The final decision rests with the Headteacher.

### 10.1 Minor Accidents and Injuries

The adult in charge initially looks after the injured party. If deemed necessary, a person other than the teacher will take the child to the 'First Aid Station', which is the School Office, or the bench in the playground. No medicines are administered

but cuts are cleaned with sterile un-medicated wipes and bandages are applied if deemed appropriate. The use of disposable plastic gloves is mandatory at all times.

**All accidents are recorded in the Accident Report Book by the first aider, parents are always contacted by telephone and a note (recording details of the incident/actions taken) is sent home.**

### **Minor Cuts and Bruises**

Method:

In all cases of injury it is understood that there is at least one adult present:

- A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may clean the wound.
- Class teacher is informed by the first aider.
- Teacher observation is maintained
- Children are advised to show/tell parents

### **Sprains/Bruises**

- A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may implement the process of rest, ice, compress and elevate
- If in doubt, parent/s are contacted
- Teacher observation is maintained

### **10.2 More Serious Accidents and Injuries**

If considered safe to do so, the injured party is taken to the First Aid Station. Parents are immediately informed, particularly if there is a suspicion of broken bones/head or eye injuries. The child is kept under close observation until parents arrive, with the emphasis on making the child as comfortable and as settled as possible.

### **Stings/Bites**

- If case is serious/ parent/s are contacted – no stings should be removed.

### **Faints and Shocks**

- A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may implement the process of:
  - Lie the casualty down
  - Raise the legs above the level of the heart
  - Loosen any tight clothing
  - Ensure there is fresh air
  - Keep crowds away
  - Reassure casualty when they recover
  - Contact parents – the pupil should go home

### **10.3 Very Serious Injuries**

In the event of a very serious injury, parents/guardians are immediately contacted. If the considered opinion of the staff is that immediate professional help is required, an ambulance is called. On rare occasions the staff may agree that taking the child to Accident & Emergency in a private car is a more prudent option particularly in the case of rapid blood loss. This should be on a voluntary basis. In such cases staff should ensure they have specific cover from their insurance company. Parents are kept informed of developing situations. Very serious injuries are considered to be:

**Severe Bleeding  
 Burns/Scalds  
 Unconsciousness**

The event is subsequently recorded in the Accident Report Book  
 The First Aid Policy is based on collective teacher input. All staff automatically assist the teacher on break duty and the first-aider in the case of a serious injury.

**11.0 FIRST-AID RECORD KEEPING**

11.1 It shall be the responsibility of the Premises Manager, or other nominated officer, to ensure that procedures are in place for the immediate recording of any injury as required by the Social Security Act 1975 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Details on the forms to be completed, time scales for completion and distribution and who is to be notified, are shown on the health & safety policy.

11.2 After administering treatment, first aiders will ensure they adhere to the School arrangements for record keeping and accident reporting, as detailed below. Each first aider must receive appropriate instruction to enable them to carry out this responsibility during first-aid training.

11.3 All incidents, injuries, head injuries, ailments and treatment are reported in the accident book, kept in the office.

The information recorded will include

- i) date, time and place of incident;
- ii) name and, where relevant, job title of the injured or ill person;
- iii) details of the injury/illness and what first aid was given;
- iv) what happened to the person immediately afterwards e.g. went home, went back to lessons, went to hospital, etc; and
- v) name and signature of the first aider or person dealing with the incident.

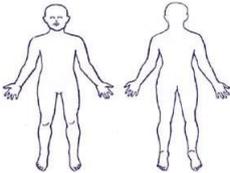
11.4 Parents are informed of a head injury by letter. The letter outlines the injury and symptoms to look out for.

11.5 Admin team contact parents by phone if they have concerns about the injury.

11.6 Staff should complete the accident book if they sustain an injury at work.

An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult concerned should seek medical advice without delay.

**Bump Injury Form**

<div style="text-align: center;">  <p><b>BONNEVILLE</b>                  PRIMARY SCHOOL                  Success for today, prepared for tomorrow</p> </div> <p>To the parent/carer of _____                  Your child suffered a bump or injury today (Date): _____                  Time of incident: _____</p> <div style="text-align: center;">  </div> <p>Description of the incident/injury:                  (NOTE: If your child received a bump to the head, please see advice overleaf)</p> <p>Care provided:</p> <p>If you would like to discuss your child's bump or injury, you should speak to:</p> <hr/> <p><small>Bonneville Primary School                  Bonneville Gardens                  London SW16 9LB</small>     <small>Tel: 020 8673 1183                  Email: admin@bonneville-primary.lambeth.sch.uk                  Web: bonneville-primary.lambeth.sch.uk</small>     <small>Headteacher:                  Andrea Parker, BA (Hons), NPQH                  @bonnevilleps</small></p>	<p>We make every effort to care for your child at school. Parents/carers should examine all injuries, and seek medical advice if you have concerns. We cannot normally offer advice about future medical care. If we have any information that may be of help it will be provided below.</p> <p>Information/advice regarding ongoing care:</p> <p><b>HEAD BUMPS</b>                  Did your child receive a bump to the head?                  Head injuries require special attention.                  Sometimes symptoms can develop many hours after the incident.                  If your child received a bump to the head, you should pay attention to how (s)he acts and feels.                  If your child develops a headache, or becomes sick, dizzy, drowsy or confused, you should seek immediate medical attention.</p>
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**Our First Aiders are:**

	<b>Name:</b>	<b>Date Qualified:</b>	<b>Date Expires:</b>
1	Lynn Bennady-Manar	29 <sup>th</sup> October 2018	October 2021
2	Sonia Da Silva	29 <sup>th</sup> October 2018	October 2021
3	Louisa Campbell	29 <sup>th</sup> October 2018	October 2021
4	Sarah Keogh-Milne	29 <sup>th</sup> October 2018	October 2021
5	Valeria Atella	29 <sup>th</sup> October 2018	October 2021
6	Heather Smith	29 <sup>th</sup> October 2018	October 2021
7	Elspeet Cowan	29 <sup>th</sup> October 2018	October 2021
8	Beverley Maycock-Leslie	29 <sup>th</sup> October 2018	October 2021
9	Shobnom Wahid	29 <sup>th</sup> October 2018	October 2021
10	Florence Mfoafo-Mccarthy	29 <sup>th</sup> October 2018	October 2021
11	Ann Anderson	29 <sup>th</sup> October 2018	October 2021
12	Christine Phillips	29 <sup>th</sup> October 2018	October 2021

## Medical Conditions

### **POLICY STATEMENT**

This school is an inclusive community that welcomes and supports pupils with medical conditions. This school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents. All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

**The named member of school staff responsible for this medical conditions policy and its implementation is;** The Headteacher

### **1. This school is an inclusive community that supports and welcomes pupils with medical conditions.**

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

- This school will listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs.
- The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

**2. This school's medical conditions policy is drawn up in consultation with the School Governing Body.**

**3. All children with a medical condition should have an individual healthcare plan (IHP).**

An IHP details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

**4. All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.**

All school staff are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency. All staff receive training in what to do in an emergency and this is refreshed at least once a year. A child's IHP should, explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

**5. All staff understand and are trained in the school's general emergency procedures.**

All staff know what action to take in an emergency and receive updates at least yearly. If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

**6. This school has clear guidance on providing care and support and administering medication at school.**

This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.

- This school will make sure that there are more than one members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary.
- This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has

made sure that there is the appropriate level of insurance and liability cover in place.

- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents will be informed. This school will not give a pupil under 16 aspirin unless prescribed by a doctor.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

#### **7. This school has clear guidance on the storage of medication and equipment at school.**

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it.
- Pupils can carry controlled drugs if they are competent, otherwise this school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.
- This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

#### **8. This school has clear guidance about record keeping.**

- Parents at this school are asked if their child has any medical conditions on the enrolment form.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.<sup>7</sup>

- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents before sharing any medical information with any other party.
- This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit. This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- This school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/ school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to date record of all training undertaken and by whom

**9. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- This school makes sure that pupils have the appropriate medication/ equipment/ food with them during physical activity.
- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/Head of Inclusion/EWO who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

**10. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.**

- This school is committed to identifying and reducing trigger both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/ eliminating these health and safety risks.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

**11. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.**

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned implemented and maintained successfully.

**12. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- This school is committed to keeping in touch with a child when they are unable to attend school because of their condition.

**13. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.**

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

*\*The term 'parent' implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority.*