

# Manor Park

# Primary School



## **First Aid Policy**

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## **Policy for First Aid and Health**

### **Introduction**

During the course of the day whilst staff are deemed to be in loco parentis, it should always be recognised that no members of staff have expertise in health-related matters and should always seek assistance from qualified persons if the situation requires it.

This policy outlines the school's responsibility to provide adequate and appropriate first aid and medication to pupils, staff, parents and visitors and the procedures in place to meet that responsibility.

### **Aims**

- To identify the first aid needs of the school in line with the Code of Practice and Health and Safety (First Aid) Regulations 1981.
- To ensure that first aid provision is available at all times while people are on school premises and also off the premises whilst on school visits.
- To ensure sick children are cared for appropriately

### **Objectives**

- To appoint the appropriate number of suitably trained people as first aiders, to meet the needs of the school.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the school's first aid arrangements.
- To keep accident records and to report to the Health and Safety Executive as required.
- To keep records of medication held in school and medication given to pupils.

### **Personnel**

#### **Headteacher**

- Ensures that a risk assessment of the school is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.
- Ensures that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ and training.
- Is responsible for putting the policy into practice, for developing detailed procedures and ensuring that the policy and information on the school's arrangements for first aid are made available to parents.

#### **Staff**

- Are expected to do all they can to secure the welfare of pupils at all times.
- It is the responsibility of the Appointed Person to pass on any relevant medical issues to appropriate staff at the point of transition.
- It is the responsibility of each class teacher to ensure PPA and lunchtime supervisors are aware of any ongoing medical issues for any child in their class.
- Internal records are kept on all staff on the school Bromcom system. If any staff have any ongoing medical issues they may be recorded confidentially onto the system. It is the responsibility of staff to inform the Headteacher of any such conditions either through induction procedures or at any other time.

### **Qualified First Aiders (at work) 3 day training**

- Following risk assessment of the school the recommended number of qualified first aiders (at work) is 1 per 100 members (staff and children). Staff trained as first aiders are selected from across the school including, learning supports assistants, lunchtime supervisory staff, office and extended school staff. All other staff are aware of the first aiders within each part of the school.
- There must be cover in place within school at all times.
- First aiders must have completed and keep updated a training course approved by the Health and Safety Executive.

### **Appointed Person**

- Is responsible for taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Ensuring there is an adequate supply of medical materials available for first aid kits, and ensuring these are replenished

### **Paediatric First Aiders**

- Under the guidelines of the Early Years Foundation Stage it is a legal requirement for there to be adequate paediatric first aiders working with children under the age of 5 years in the setting or when on visits and trips. This includes staff working with children in extended out of school provision.
- At least one person who has a current paediatric first aid certificate will be on the premises at all times when children are present.
- There will be at least one person on Early Years Foundation Stage visits who has a current paediatric first aid qualification.

### **Administering First Aid**

- Staff with a certificate in First Aid at Work and Paediatric First Aid are qualified to administer basic First Aid. These staff should be the first point of contact for any incident wherever possible and always for serious incidents.
- There will be at least one member of staff with first aid training on out of school visits for under 5's.

### **Recording Incidents**

- All incidents must be recorded on Medical Tracker as soon as possible by the first aider who has attended to the incident. Medical Tracker can be accessed by all first aiders. Only staff who have a first aid qualification should record incidents.
- Medical Tracker records should be stored securely and kept by school until the pupil has reached their 25<sup>th</sup> birthday.
- If there is any injury to the head, parents must be informed immediately, by email or telephone.
- HSE must be notified of fatal and major injuries and dangerous occurrences without delay.
- Class teachers are to inform a member of staff from extended care if a child has had an accident, either verbally or via Medical Tracker.

## **Foundation Stage and Extended Provision**

- It is a legal requirement in EYFS that all accidents and injuries are recorded and parents are informed of the details. Each first aider in Reception and Nursery will have access to Medical Tracker for details of first aid to be recorded on. Any accident or injury that has resulted in the skin being broken e.g. grazes or first aid being applied must be recorded on Medical Tracker and parents or carers must be made aware at the end of the day or as soon as possible. If the child is being collected from after school provision, the first aid incident information should be given verbally to after school staff or sent internally using Medical Tracker. During lunch time, Medical Tracker should be used by the lunch time supervisors so that the same policy can be applied.
- All first aiders, appointed person and admin staff have access to Medical Tracker.
- Entries onto Medical Tracker are secure and confidential.

## **First Aid boxes**

- Each classroom has a fully equipped first aid box.
- There is a first aid box in the school office and on each corridor for use by office and lunchtime supervisory staff.
- First aid supplies must be taken on all off-site visits.
- It is the responsibility of first aiders to ensure that each box remains fully stocked at all times. Additional supplies can be obtained from the appointed person (Suki Dhothar) in the Inclusion office.
- The appointed person takes responsibility for ordering stock.
- First aiders take responsibility each half term to replenish first aid stocks as appropriate.

## **Classroom Medication Boxes for emergency prescribed medicines**

- Inhalers, epi pens and other emergency medication which the child must have access to is kept in a secure container in the child's classroom marked with a white cross on a green background. The box contains the child's medication clearly marked with the child's name and photograph of the child where possible. Where possible spare epi pens for each are to be kept in lockers outside the upper dining room; the medication is clearly marked with the child's name and photograph.
- A care plan developed with the child's parents should be produced for any child in school who has emergency prescribed medicines. This should be stored along with the medication. Any staff that has contact with the child should be aware of the contents of the care plan.
- Usage should be recorded by the person administering the medication.
- It is the responsibility of the child's parent to ensure that the medication is within date. For safety reasons the box should be stored on a high shelf in the classroom or stock cupboard. It should not be locked away during the school day.
- If children are going off site or are undertaking physical activities it is the responsibility of the class teacher to make sure that the child has their medication.

## **Emergency Epipens - Adrenaline Auto-Injectors (AAIs)**

- From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 has allowed all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).
- Spare AAIs will only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.
- Spare AAIs can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

- Spare AAls are kept in designated lockers near the upper dining room as well as the school office.
- Any AAls held by school should be considered a spare / back-up device and not a replacement for a pupil's own AAl.

### **Head Bumps**

- A bump to the head often results in a lump or bruising being present. In such cases the parents are to be contacted by a telephone call and the child monitored during the rest of the school day. Conditions to monitor for are headache, dizziness, nausea and blurred vision.
- In some cases the incident might be so minor that there is no evidence of injury. In these cases the child should still be monitored for the conditions mentioned above, but assuming none are present or manifest themselves during the rest of the school day, then the parent will be informed via the Medical Tracker email facility.
- All such accidents and incidents will be recorded in detail and logged on Medical Tracker.
- The headteacher and any other relevant staff should consider whether the accident or incident highlighted in any actual or potential weaknesses in the School's policies or procedures, and make suitable adjustments if necessary.
- The Headteacher will notify the Health and Safety executive of any hospital visits due to a serious accident in the School.

### **Lunchtime Arrangements**

- Lunchtime supervisors are to administer first aid during the lunchtime period and record incidents on Medical Tracker.
- Any serious incidents should be referred immediately to a lunchtime supervisor who is a qualified first aider.
- Class teachers should be informed of any serious accidents or bumps to the head at the end of the lunchtime period by lunchtime supervisors.
- The office staff must be informed immediately if any child has an injury to the head so that the parents can be contacted. Any other minor head bumps are to be reported to parents using the Medical Tracker email facility.
- Lunchtime supervisors have access to children's medication stored in the child's classroom and designated areas in school during the lunchtime period. It is the responsibility of class teachers to familiarise lunchtime supervisors with the storage arrangements of medication for children in their class.

### **Extended Care Arrangements**

- Where a child attends extended provision within the school and has prescribed emergency medication, parents should provide duplicate medication to ensure that it is readily available for the child at times outside of the school day.
- Inhalers, epi pens and other emergency medication should be kept in a secure container in the out of school club room. The box should contain the child's medication clearly marked with the child's name and photograph of the child. Any information from the child's parents should be stored along with the medication.
- It is the responsibility of the parents to ensure that the medication is within date. For safety reasons the box should be stored on a high shelf in the room.
- Class teachers are to inform a member of staff from extended care if a child has had an accident, either verbally or with a written note.

**First aiders from all departments within school meet half termly to discuss arrangements in place and raise any problems or issues.**

## Record Keeping

- When children are first admitted to school, parents are asked to record on the admission form if their child suffers from any medical condition or disability.
- A list of all children with medical or physical conditions is kept on Medical Tracker.
- If a child transfers to the school during the year his/her medical details will be added to the list by the office administrator, who will then inform the First Aid Appointed Person.

## Administration of Medication

- In circumstances where the designated First-Aider is absent, the Year Group Leader will assume all responsibilities, or nominate an appropriately trained replacement.
- Wherever possible, children who are prescribed medication should receive their doses at home. If it is necessary for medication to be taken during sessions at the school parents/carers and staff should discuss such situations at the earliest possible opportunity and decide together on the best course of action.
- Staff may only administer medication to the child if it is prescribed by a GP, and if the request to do so is from the child's parent or carer and is given in writing at the start of the session, stating frequency and dosage. Parents/carers can make such a request by completing and signing the administering medication form.
- Staff have the right to decline such a request from a parent/carer if they are in any way uncomfortable with this. The school is likely to decline a request from parents/carers to administer medication where this involves technical knowledge or training. Where this occurs an Individual Health Care Plan is likely to be drawn up.
- Staff will ensure another member of staff acts as a witness to ensure that the correct dosage has been given.

## The Procedure for Administering Medication at the School is as follows:

**There is no legal duty which requires school staff to administer medication;** this is a voluntary role however school should take all reasonable steps to ensure a pupil can attend school without interruption to their education. Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are always. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be easily accessible.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

## Contacting parents

- If a child has been injured at school, the parent will be contacted immediately by phone if the injury is deemed to be serious or if the pupil has received an injury to the head.
- In the event that a child is deemed to be unwell at school parents will be informed by telephone. If the parent is unavailable the emergency contact person will be contacted.
- If a member of staff is concerned about the well-being of a child the class teacher should decide if parents need to be contacted, and take or send the child to the main office where the administrative staff will contact parents. The office staff can refer to the Headteacher if required.
- It is normally the responsibility of the first aider or office staff to notify parents/carers. If another member of staff contacts parents it is essential that the details are fully known by the office staff. All contact with parents should be logged on Medical Tracker.
- **If there is any doubt about the health of a child, the parent should be contacted and asked to come to school so that she/he can decide if the child needs medical attention.**
- If a parent/carer and the emergency contact are unavailable the child will need to remain in school and be supervised by the staff with responsibility for him/her. No other adult can or should remove the child from school without the parent's express consent.
- If the illness/injury is deemed to be sufficiently serious that emergency treatment is required, the Headteacher/ Deputy Head/ Assistant Head/ Administration Officer (or other designated member of staff in their absence) should contact the emergency services or take the child immediately to hospital. The parent will be notified that this has occurred as soon as is possible.
- When a child has been collected by a parent during the school day, the details must be logged on the school Inventory system located in the school entrance next to the school office.

## Trips and visits

- First aid incidents should be dealt in the usual way and parents informed via a phone call (by the school office).
- All incidents must be logged on medical tracker in the usual way upon return to school.
- Accidents requiring first aid should be deferred to the onsite first aider. The incident should be discussed between staff and a follow up monitoring plan put in place.
- The head teacher/deputy head teacher must be informed immediately of incidents or accidents including near misses. Next steps will be decided as a school and a decision made as to whether parents should be informed.

## Sickness/Infection control

We understand the needs of working parents and do not aim to exclude children from school unnecessarily. However, the decision of the school is final when requesting the exclusion of a child for illness or infection. Decisions will take into account the needs of the child and those of the group.

- Children with infectious or contagious diseases may be excluded for certain periods. If a member of staff suspects that a child has an infectious or contagious disease, they will request that parents consult a doctor before returning the child to school.
- We recommend that no child may attend the school while suffering from a communicable disease and they should be excluded for the minimum periods recommended.
- Coughs and colds do not normally require the child to be excluded but this depends on the severity and how the child is able to cope with the school routine. If a child appears unwell we may ask that the child is taken home.
- Although exposure of children to a communicable disease is not in itself sufficient reason to require their exclusion from school, any child who becomes a home contact of diphtheria, poliomyelitis, typhoid and paratyphoid fevers will be excluded for 48 hours following the last bout of sickness or diarrhoea.

- Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period. Diarrhoea and vomiting can have many different causes (including medical conditions, side effects of medications) and may not always be infectious. Children may return to school if it is deemed their diarrhoea and vomiting is not infectious.
- Parents will always be contacted and informed if their child has a high temperature.
- To prevent the spread of conjunctivitis, suspected cases will be reported immediately to parents who will be requested to take their child from school to be seen by a doctor.
- Chicken Pox - children need to be absent from school for a minimum of 5 days from the onset of the rash. After this time, if all the spots have dried and scabbed over, the child can return to school.
- Parents will also be contacted if their child develops a rash or suspected thrush. This will need to be checked by a Doctor whose advice should be followed.
- Parents will be notified if there has been a case of a contagious disease in school. The definition of what is notifiable will be based upon advice from the school nurse, doctor, or medical service.
- Parents will be notified by letter if there is a case of head infestation in their child's class. Parents will then be expected to check their child's hair and treat if necessary.
- It will not normally be possible to make arrangements to allow children to stay in side at lunchtime or playtime. However if a child has recently had an operation or has a limb in plaster but can undertake normal curriculum activities arrangements may be put into place at the discretion of the Headteacher. The Headteacher will need to be satisfied as to the safety of the child and other children and as to whether any special arrangements are practical.
- Children with a specific long term medical or physical condition may well need to be regarded as having special needs. The SENCO will need to be informed and may place the child on the schools register of special needs. Appropriate provision can then be ensured.
- In all matters relating to the health of children it will be necessary to decide if illness or injury will inhibit or prevent a child from undertaking his/her normal learning activities. If this is deemed to be the case the child would be better off at home until fit to return to school. If a child has been taken home during the day by a parent at the request of the school, he/she should not return until the following day at the earliest. We recognise the difficulties that this may place upon working parents but feel strongly that the health and well-being of the child is paramount.

### **Sun Safety Measures**

- Staff will risk assess on a daily basis and ensure that children are not exposed to the sun for prolonged periods of time. Consideration will be given to times when the sun is at its highest level.
- All children will be encouraged to wear hats
- It will be the responsibility of the parent to apply sun cream before school. Sun cream will not be applied by staff in school.
- The only exception to the above is during extended nursery sessions when staff will apply sun cream upon completion of a consent form by the parents.
- Staff will encourage children to drink water frequently.