



# First Aid Policy

## Sherrardswood School

This policy is applicable to all pupils, including those in the EYFS

### 1. Introduction

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. The staff at our school wishes to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support.

### 2. Roles and Responsibility

The role of the Head: The ultimate responsibility for the management of this policy lies with the Head.

The role of the School Secretary: The Secretary will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained. The Secretary will ensure accurate and up to date records are kept for children with medical needs.

The role of Staff:

Staff 'Duty of Care'

Anyone caring for children, including teachers, other school staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency. Staff who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and noting medical information.

The role of Parent:

Parents have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent responsibility to make sure that their child is well enough to attend school. Parents should note expiry dates of medicines and ensure the school have in date medication.

### 3. Identification

Upon entry to school, parent will be asked to complete admission forms requesting medical information. Parents keep us up to date with any changes in medical information via the Pupil Data Verification form.

#### **4. Practical Arrangements at Point of Need**

All staff involved in the care of children are trained 'first-aiders' (with their training updated at least every three years) and in the event of illness or accident will provide assessment and appropriate first aid. The school will also have at least one higher-level paediatric first-aider. A member of SLT, trained in First Aid, is always on site whilst children are in school.

In the event of a more serious accident, an assessment will be made (preferably by a higher-level first aider) and an ambulance will be called if required. In the case of a more serious injury we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, a member of staff will take the child to hospital and stay with the child until the parent/carer arrives.

If a child falls ill in class then another student is sent to the front office to request the urgent attendance of a First Aider. The member of staff in the classroom will remain with the student and make them as comfortable as possible, according to the First Aid training they have been given.

Details of time, location, and nature of accidents/incidents are recorded in the Accident File/Book together with any treatment provided. Where an accident is more serious, parents will be notified verbally especially in the case of an accident involving the head, and a head letter is sent home.

Any accident or injury and the first aid given is reported to parents the same day or as soon as reasonably practicable.

#### **5. Calling an ambulance**

If a child has an accident which requires urgent hospital treatment, either the first aider attending will call for an ambulance or they will instruct the School Office to call an ambulance whichever is quicker. Time should not be wasted if it is deemed necessary for an ambulance to be called. All appropriate medical information will be compiled in anticipation of the arrival of the ambulance at the school.

When an ambulance has been arranged, parents will then be informed and advised where they should meet their child. A member of staff will accompany the pupil and stay with them until the parents arrive.

#### **6. Physical Activity**

We recognise that most children with medical needs can participate in physical activities and extra curricular sport. All staff should be aware of issues of privacy and dignity for children with particular needs.

#### **7. School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. The necessary medication and contact numbers are always taken on class trips alongside a first aid bag and mobile phone.

#### **8. Residential Visits**

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Information about administration of medicine needs to be completed in writing prior to the day of departure and all medication, which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school/centre at the start of the visit.

## **9. Administration of Medicines**

The Head will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy.

Prescribed medication provided in its original pharmacy labelled container can only be administered to children where parents/carers provide such medication to the school and parents/carers must specifically request in person that the school administers it.

Medication will not be accepted without clear instructions from parents / carers as to administration.

The Head will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a child's needs the Head should seek advice from the child's GP or other medical adviser.

Written permission must be given by the parent before any medicine can be administered. Parents are informed the timing of administration the same day or as soon as reasonably practicable.

Where appropriate children will be encouraged to self-administer their own medication under staff supervision.

## **10. Staff Training**

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies to update staff training on a regular basis.

## **11. Confidentiality**

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **12. Other Agencies**

The school nurse, pediatricians, counsellors or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

## **13. First Aid Boxes**

The First Aid box is marked with a white cross on a green background and is located in the school office. Staff take first aid kits out during break and lunchtime.

If First Aid boxes are used and stock depleted, they should be taken to the office who will ensure that the First Aid box is properly re-stocked.

The Travel First Aid box is kept in the School Office and available upon request and should always be taken for any off-site activities.

**School vehicles:** All School vehicles should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition.

#### **14. Specific Arrangements (asthma, epilepsy and diabetes etc)**

Inhalers, epipens or any other treatment will be kept either by the class teacher or in the School Office as appropriate, suitably labelled. Parents/carers should ensure that they are not out of date and replace when necessary. When used, an epipen should be safely put into a box with a lid and handed to the ambulance service. Appropriate training will be organised on a needs basis for specific arrangements.

#### **15. Hygiene Procedures**

Gloves should be worn at all times if in contact with body fluids and any spillages cleaned up immediately. Vomit should, wherever possible, be covered with absorbent deodorizing powder (kept in the caretaker's office) and then swept up using the supplied dustpan and brush.

If vomit is located outside, the area should be cordoned off and the caretaker should be informed so that the sand can be safely disposed of.

All items that come into contact with body fluids, including medi-wipes, cleaning cloths, tissues, gloves, etc. are to be disposed of in a plastic bag and tied up and placed in the bin which is emptied regularly.

Parents are informed that children should not come to school for 48 hours after any vomiting or diarrhea has ceased, and that they must inform us of any notifiable disease.

#### **16. EYFS**

There is a first aid kit readily available in the EYFS setting.

There is always a paediatric trained member of staff on site during Pre School hours and on all EYFS outings.

Parents are informed that children should not come to school for 48 hours after any vomiting or diarrhea has ceased, and that they must inform us of any notifiable disease.

Written permission must be given by the parent before any medicine can be administered. Parents are informed the timing of administration the same day or as soon as reasonably practicable.

Any accident or injury and the first aid given is reported to parents the same day or as soon as reasonably practicable.

#### **17. RIDDOR**

Injuries, diseases or dangerous occurrences must be reported on the Health and Safety Executive **Form 2508** Report of Injury or Dangerous Occurrence or **2508A** Report of a Case of Disease. The Head as 'responsible person', is required by RIDDOR to notify and report to the relevant enforcing authority the following specific events occurring to employees, contractors, sub-contractors, pupils and others in areas under their control:

- Accidents causing injuries, fatal and non-fatal including
- Death and Major Injuries.
- Over-three-day injury
- Acts of non-consensual physical violence
- Occupational Diseases
- Dangerous Occurrences

The Head shall ensure that all accidents and incidents are reviewed, investigated and that remedial/preventative measures, if required, are put in place. The Head shall also ensure records are maintained.

### **18. Names of Qualified First Aiders**

1<sup>st</sup> Aiders are required to complete First Aid training every three years. In addition, the school appoint specific individuals for 1<sup>st</sup> Aiders in the Workplace.

Date of review	Position	Name of reviewer	Date of next review
July 2018	Headmistress	Mrs A Wright	July 2019

# FIRST AIDERS AT SHERRARDSWOOD



## **Prep based FIRST AIDERS**

Mrs Liza Green	240	04/04/2020
Miss Joanne Hanson	239	20/07/2019
Mrs Karen Evans (Epipen)	241	21/03/2021

## **Prep based PAEDIATRIC FIRST AIDERS**

Mrs Carole Dathan	243	15/11/2019
Miss Jayne Moore	241	02/02/2020
Mrs Catrin Dove	244	29/02/2020
Miss Joanne Hanson	239	01/10/2019
Mrs Tracy Jenkins	244	12/06/2020
Mrs Tanya McGrath	240	02/11/2020

## **Senior based FIRST AIDERS**

Miss Megan Smart	269	04/04/2020
Mr Stuart Turkentine	304	21/01/2021
Mrs Nicci Venn	228	08/05/2020
Mrs Giselle Warman	225	01/05/2020
Mrs Tracey Layton (Epipen)	204	26/09/2020
Mrs Gwen Campbell (Epipen)	223	26/09/2020
Mrs Cressida Lloyd (Epipen)	252	14/11/2020
Mrs Lisa Dutton (Epipen)	215	22/03/2021

## **Senior based PAEDIATRIC FIRST AIDERS**

Miss Louise O'Donnell	204	02/11/2020
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