

Thoughtfulness And Respect

Sandford Hill Primary School

First Aid, Short and Long Term Medical Need Policy



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Statement of Intent

The governing body of Sandford Hill Primary School acknowledge and accept its responsibilities under the Health and Safety (First Aid) Regulations 1981, to provide equipment and facilities as are adequate and appropriate for enabling first-aid and medical support to be rendered to employees, pupils and visitors in the school.

Our First Aid, Medicine & Medical Need Policy will be successfully implemented through the delivery of the following aims and objectives:

- Ensuring that there are suitable equipment to administer first-aid, where necessary;
- Ensuring that there is a sufficient number of staff trained in first-aid on duty at all times;
- Ensuring that procedures for administering medicine are clear and appropriately shared with the school community;
- Ensuring that procedures for supporting pupils with medical needs are clear and appropriately shared with the school community;
- Ensuring that the requirements of this policy are clear and appropriately circulated, including the location of first-aid equipment, facilities and personnel.

The person with overall responsibility for the delivery of this policy is: the Headteacher.

The person with overall responsibility for the implementation and development of this policy is: the Business Operations Leader.

Signed by

Headteacher

Date: _____

Chair of Governors

Date: _____

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1. Background

1.1. Legal framework

1.1.1. This Policy will have consideration for, and be in compliance with, the following legislation and regulations:

- Health and Safety at Work Act 1974.
- Health and Safety (First Aid) Regulations 1981.
- The Management of Health and Safety at Work Regulations 1992.
- The Education (School Premises) Regulations 1999.
- Health and Safety (The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)) Regulations 2013

1.1.2. This Policy will also have regard to the following statutory and non-statutory guidance:

- First Aid for Schools (August, 2000).
- Advice on Standards for School Premises (May, 2013).
- Incident reporting in schools (accidents, diseases and dangerous occurrences) (October, 2013).

1.2. Risk assessment

1.2.1. The Business Operations Leader will ensure that an annual risk assessment of first-aid, medicines and medical needs is undertaken.

1.2.2. Where a minimum number of trained first-aiders is set, this will be monitored to ensure that the needs identified in the risk assessment are met.

1.3. Definitions

1.3.1. '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.

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

1.3.3. 'Medicines' means liquids and tablets provided by parent/carer for administering.

1.3.4. 'Medical Need' means a known pre-existing medical condition for which special provision is required.

1.4. School Based Roles And Responsibilities

1.4.1. The overall responsibility for the day-to-day management of the policy and communications regarding this with parents/carers lies with the Head teacher.

1.4.2. The school's Health and Safety Officer is the Business Operations Leader. Implementation and monitoring of this policy, as well as communicating the procedures with staff, pupils and parents/carers lies with the Business Operations Leader.

1.4.3. The Site Supervisor is the appointed person for ensuring that First Aid stock is distributed and replenished.

1.4.4. The Office Manager is responsible for ensuring First Aid training is up to date and calling emergency services when required.

1.4.5. 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.

1.4.6. Governors have a responsibility for health, safety and welfare matters to ensure that school policies are in place and implemented.

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1.5. Parent/Carer Responsibility

- 1.5.1. Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school.
- 1.5.2. Parents should also provide all necessary information about their child's medical needs on a child's entry to the school, via the bi-annual data collection form or any time the child's medical needs change.

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2. First Aid

2.1. First Aid trained staff

- 2.1.1. The Office Manager will ensure that appropriate numbers of appointed persons are trained. Training is available to all staff, though it is preferred that this relates to their role.
- 2.1.2. A number of school staff are: first aid trained, emergency first aiders, paediatric first aiders, anaphylactic and defibrillator trained.

2.2. Qualified First Aiders (Those completing the HSE approved 3-day first aid course)

- 2.2.1. At Sandford Hill Primary School there is 1 fully qualified first aider:
 - Mr M Hassall, Site SupervisorHe is responsible for administering first aid, in accordance with the training, to those that become injured or fall ill whilst at work or on the premises. There are also other duties and responsibilities which are identified and delegated to the first aider, including first aid kit inspections and re-ordering.
- 2.2.2. Mr M Hassall is also able to offer emergency, paediatric, defibrillator and anaphylactic training to others.

2.3. Paediatric First Aid Trained Staff

- 2.3.1. At Sandford Hill Primary School there are 4 paediatric first aid trained staff who are as follows:
 - Mrs J Moss, Mrs A Morton, Mrs M Hallam, Mrs J Collier, Mrs C Johnson, Mrs E Brennan, Mrs H Welsh and Mrs A Playford.

These staff are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations for provision of first aid to those children aged 5 years old or younger.

2.4. Emergency First Aid Trained Staff & Volunteers

- 2.4.1. At Sandford Hill Primary School there are a good number of staff and Youth Club helpers that are Emergency first aid trained. They are as follows:
 - Teaching Assistants: Mrs M Arnott; Mrs J Aston; Miss T Bloor; Miss J Chidlow; Mrs L Greatbatch; Mrs L Henshall; Mrs M Hopkinson; Mrs P Ostrouchow; Mrs S Sardar; Mrs D Shipley; Mrs K Baggaley; Mrs L Cooper; Mrs A Foster; Mr K Turner; Miss J Gibson.
 - Lunchtime Supervisors: Mrs E Brennan; Mrs C Johnson; Mrs R Begum-Ali; Mr D Street; Mrs S Clunn; Mrs A Bradbury.
 - Youth Club Helpers: Mr F Brown; Mrs A Buckley; Mr K Stanway.

2.5. Defibrillator First Aid Trained Staff

- 2.5.1. Sandford Hill Primary School has a school defibrillator, stored on the wall under the first stairwell. The site supervisor is a qualified defibrillator trainer and also trained are Mr S Browne and Mrs D Doherty (kitchen staff).

2.6. Epi-pen First Aid Trained Staff

- 2.6.1. Mr M Hassall, site supervisor is qualified to train staff in the use of the Epi-pen, as required by staff supporting individual children.

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2.7. Asthma Trained Staff

- 2.7.1. The majority of staff at Sandford Hill Primary School received training on asthma as part of the staff meeting programme.

2.8. First Aid Containers

- 2.8.1. First-aid containers are identified by a white cross on a green background.
- 2.8.2. The school has five first-aid cabinets, which can be found in outside the front office, outside G1, in the hall, outside F2 and the in the community room. These cabinets contain a sufficient number of suitable provisions to enable the administration of first-aid. There is also a first aid provision held in the Foundation Stage Unit and the mobile classrooms.
- 2.8.3. The school has two travelling first-aid back packs for use during school trips and off-site visits, which are stored in the AVA store.
- 2.8.4. During break times and lunchtimes, first aid bum bags will be taken onto the playgrounds by duty staff.
- 2.8.5. No medicinal substances or materials are permitted within a first-aid container.
- 2.8.6. Blunt-ended stainless steel scissors should be kept in the container in case clothing needs to be cut away prior to treatment.
- 2.8.7. Inventories are kept of all first-aid supplies including expiry dates. Full lists can be found in each first-aid container.

Fixed

- 2.8.8. Fixed first aid-containers will contain, at a minimum:
- A leaflet giving general advice on first-aid.
 - 20 individually wrapped sterile adhesive dressings (assorted sizes).
 - Two sterile eye pads.
 - Four individually wrapped triangular bandages (preferably sterile).
 - Six safety pins.
 - Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings.
 - Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings.
 - One pair of disposable gloves.

Portable

- 2.8.9. Portable first-aid backpacks will contain, at a minimum:
- A leaflet giving general advice on first aid.
 - Six individually wrapped sterile adhesive dressings.
 - One large (approximately 18cm x 18cm) sterile unmedicated wound dressing.
 - Two triangular bandages.
 - Two safety pins.
 - Individually wrapped moist cleaning wipes.
 - One pair of disposable gloves.

Minibuses

- 2.8.10. The school minibus will have on board a first-aid container with the following items:
- Ten antiseptic wipes, foil packaged.
 - One conforming disposable bandage (not less than 7.5cm wide).

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- Two triangular bandages.
- One packet of 24 assorted adhesive dressings.
- Three large (no less than 15cm x 15cm) sterile unmedicated ambulance dressings.
- Two sterile eye pads, with attachments.
- Twelve assorted safety pins.
- One pair of rust free blunt-ended scissors.

2.8.11. First-aid containers will be:

- Prominently marked as a first-aid container.
- Maintained in a good condition.
- Suitable for the purpose of keeping the items referred to above in good condition.
- Readily available for use.

2.9. Emergency Arrangements

2.9.1. Upon being summoned in the event of an accident, the first aider is to take charge of the first aid administration/emergency treatment commensurate with their training.

2.9.2. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The first aider is to **always** request for an ambulance to be called on the following occasions:

- In the event of a serious injury;
- In the event of any significant head injury;
- In the event of a period of unconsciousness;
- Whenever there is the possibility of a fracture or where this is suspected;
- Whenever the first aider is unsure of the severity of the injuries;
- Whenever the first aider is unsure of the correct treatment;
- In the event of a severe allergic reaction.

2.9.3. In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident:

2.9.4. With a 'minor injury note' sent home in the child's school bag, if he/she requires first aid treatment for minor cuts, grazes, bumps, etc;

2.9.5. By a telephone call to named contacts if the injury:

- is considered to be a serious (or more than minor) injury;
- requires attendance at hospital;
- results in a reaction that causes concern.

2.9.6. Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

2.9.7. In the event that parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we

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will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

- 2.9.8. In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

2.10. Recording and Reporting

2.10.1. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, some accidents must be reported. See also 'Health, Safety and Welfare Policy'.

2.10.2. All accidents must be logged:

- accidents by children are logged in the accident log book located either on the internal shelf at the front office for the main school; or in the Foundation Stage staffroom for any accidents in the FSU;
- Staff, volunteer or contractor accidents are logged in the accident book held in the Business Operations Leader office;

2.10.3. Any employee or person at work that has an accident that results in:

- Death or major injury (including as a result of physical violence)
- The injured person being prevented from doing their normal work for more than three days (including as a result of physical violence)

must complete a RIDDOR form with the Business Operations Leader, which must then be sent to the HSE via the LA.

2.10.4. Additional reportable injuries include:

- Fractures, other than to fingers, thumbs and toes.
- Amputations.
- Any injury likely to lead to permanent loss of sight or reduction in sight.
- Any crush injury to the head or torso causing damage to the brain or internal organs.
- Serious burns (including scalding), which cover more than 10 percent of the body or cause significant damage to the eyes, respiratory system or other vital organs.
- Any scalping requiring hospital treatment.
- Any loss of consciousness caused by head injury or asphyxia.
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.

2.10.5. Injuries to pupils and visitors who are involved in an accident at school, or an activity organised by the school are only reportable, if the accident results in:

- The death of a person which arose out of or in connection with a work-related activity;

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- An injury that arose out of or in connection with a school-related activity, both on or off school premises, and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

In these cases a RIDDOR form must be completed with the Business Operations Leader, which must then be sent to the HSE via the LA.

2.10.6. All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person;
- Name of the qualified/emergency/school/paediatric first aider or appointed person;
- Date of the accident;
- Location of accident;
- Type of accident (e.g. bump on head, etc).

2.10.7. Accident records must be kept for a minimum of 3 years.

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3. Supporting children at school with short term medical conditions

3.1. Administration of Medicines

3.1.1. Staff Duties

3.1.2. School staff have no legal obligation to administer medicines to pupils nor supervise them while they take medicine, unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance. As a school, we train specific named staff, where appropriate, for the purpose of the administration of medicines.

3.1.3. As a school, we have a duty to plan how administering medicines can be accommodated in school and on educational visits to allow children who have medical needs to attend.

3.1.4. Process for the Administration of Medicines in School – short term medical needs

3.1.5. Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health, or would greatly impact on a child's school attendance, if the medicine were not taken during the school day).

3.1.6. The school will only accept:

- Medicines prescribed by a medical practitioner;
- Medicines that are in date;
- Medicines that need to be administered in excess of 3 times per day;
- Medicines in their original container, as dispensed by a pharmacist;
- Containers with labelling identifying the child by name and with original instructions for administration, dosage and storage.

(For use of inhalers see Asthma Policy)

3.1.7. The school will not accept or administer:

- Any medicine sent in with the child without the correct procedure being followed;
- Medicines that can be administered at home outside of the school day;
- Piriton, unless prescribed by a medical practitioner;
- Any medicine that contains Ibuprofen, unless prescribed by a medical practitioner.

3.1.8. On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a named person (usually Miss R Morton, or a staff volunteer in the case of educational visits).

3.1.9. The medicine must be kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Headteacher.

3.1.10. Epipens are to be kept in a central location (the school Office) in an unlocked drawer to enable easy access in an emergency.

3.1.11. When administering, the named adult must complete a record showing the date and time and details/dosage of the medication and who it was administered by. This must be counter-signed by another adult.

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- 3.1.12. In the case of the child being allowed to administer their own medication, e.g. inhalers, this must again be added to the record.
- 3.1.13. Paracetamol e.g. Calpol may be given in to the front office, without the need for a prescription, should a child have a minor ailment and be able to come to school, provided that a medicine form is completed.
- 3.1.14. When a child is feeling unwell, the office staff will contact parents/carers. In exceptional circumstances, where they feel that a child might be able to remain in school, Calpol might be administered if requested by parents/carers with parental responsibility.
- 3.1.15. Under **no** circumstances should a parent send a child to school with any medicines, e.g. headache tablets, throat sweets/tablets, without informing the school.
- 3.1.16. Parents are welcome to come into school to administer medicines themselves that the school are not able to administer, for reasons given above.

3.2. Process for the Administration of Short Term Medical Specific Needs

3.2.1. When a child returns to school with an ongoing, but short term, condition such as:

- continued medication;
- an injury resulting in restricted movement, e.g. broken ankle, arm, etc;
- an issue with eye sight;
- an issue with hearing;

before the child returns to school, the parent/carer should meet with the SENCo, Inclusion Leader or Business Operations leader to carry out a risk assessment and/or care plan.

3.2.2. This should be shared with the class teacher and other relevant staff to ensure that the plan can be fully adhered to and all risks are mitigated.

3.3. Process for the Administration of Medical Needs during Residential Visits

3.3.1. For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above. Parents will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.

3.3.2. In the case of higher levels of care, e.g. intimate care, the named member of staff will also meet with the school nurse, or other recognised medical advisor to ensure that they are trained in dealing with the level of care required.

3.3.3. Where there are specific care needs for the night time period, the parents will be offered various options:

- For the child to be taken home to sleep each night of the trip;
- For a parent to sleep with the child at the residential venue;
- Only in exceptional circumstances would a member of staff or a bought-in carer be provided for overnight supervision.

*Thoughtfulness And Respect***4. Supporting children at school with long term medical conditions**

DfE April 2014 – Supporting Pupils At School With Medical Conditions,

Key points are:

- Pupils at school with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- Governing Bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing Bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

This policy may be superseded by a child's EHC plan or Individual Care Plan, or may be used in conjunction with them.

4.1. Supporting children at school with long term medical conditions

- 4.1.1. Where a child has long-term medical needs, a care plan must be written by the SENCo or Inclusion Leader, with the assistance of the school nurse, if appropriate and in the presence of the parent/carer of the named child.
- 4.1.2. This may also result in an individual risk assessment being required.
- 4.1.3. The care plan must be followed and reviewed at least annually.
- 4.1.4. It is the parent/carer's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered.
- 4.1.5. The Headteacher must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.
- 4.1.6. As a school, we try to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training. Training should be specific to the individual child concerned.
- 4.1.7. There will also be regular/annual training for all staff on more generalised needs e.g. asthma awareness and epi-pen training, diabetes and epilepsy. When required, the school obtains the support of the School Nurse, to provide staff with advice and any relevant training on request.