



# First Aid & Supporting Medical Conditions in School Policy

**Including Policies and Procedures on Medication**

**See also, Health & Safety Policy and Parent/Carer Pack**

Our vision is to provide pupils with the confidence, skills and ambition to achieve a successful and productive life. We aim to ensure they leave us with the opportunities and are able to become positive members of their communities. To do this, we have 3 principles that underpin our policies, practices and everything we do:

- Everyone can learn, achieve and has the potential to be successful
- Positive relationships are key to success and are underpinned by mutual trust, respect and caring for one another
- We have high expectations in everything we do

**W**onderful  
**E**xcellent  
**L**ovely  
**C**lever  
**O**utstanding  
**M**agnificent  
**E**nthusiastic

(Acronym created by White Trees pupils)

## INTRODUCTION

White Trees School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors. We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site learning and on school visits.
- All teachers and tutors are first aid trained – new staff are trained as soon as practicable after their appointment (usually within a term).
- To ensure that trained First Aid staff renew, update or extend their qualifications at least every three years.
- To have a First Aider on site at all times, with additional first aiders available at head office if required. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor.

## Location of First Aid Facilities

The First Aid room is located off the upstairs learning area (London Road site) and at the back of the Little Hallingbury school site for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes a bed, first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels. Portable first aid kits are available from the First Aid Room and in 'classroom in a bag' kits for going offsite.

## Responsibilities of the Trained First Aiders

- Provide appropriate care for pupils or staff who are ill or sustain an injury

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- Record all accidents in the accident book (to be found in the office). In the event of any injury to the head, however minor, ensure that a note from the school is sent home to parents/carers/guardians and logged on CPOMS.
- Make arrangements with parents/carers/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the appointed person of all incidents where first aid has been administered.

## Responsibilities of the Leadership Team

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measure to provide appropriate care for pupils with particular medical needs
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.
- On a monthly basis, review CPOMS first aid records to identify any trends or patterns and report to the Governors meetings
- Fulfil the school's commitment to report to RIDDOR, as described below
- Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

## What to do in the case of an accident, injury or illness

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed. The pupil or member of staff should not be left unattended. The first aider will organise an injured pupil's transfer to the first aid room if possible and appropriate and to hospital in the case of an emergency. Parents and/or carers should be informed as necessary by telephone by school staff. This will be followed up in writing and a record kept at school. A written record of all accidents and injuries is maintained in the accident book and all communication logged on CPOMS.

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## Contacting parents/carers

Parents/carer and or carers should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury)
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Any form of seizure
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the pupil is generally unwell
- Incidents of self-harm

If non-emergency transportation is required, an authorised taxi service or school vehicle will be used if parents/carers are delayed. A member of staff will accompany the pupil until a parent arrives. Parents/carers can be informed of smaller incidents at the end of the school day by a member of staff.

## Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconsciousness (not including a faint), must be taken to hospital.

## Accident reporting

The accident book must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements). All communication will be logged on CPOMS, including a log of the incident.

## Pupils who are unwell in school

Any pupil who is unwell cannot be left to rest unsupervised in the sick room. If a pupil becomes unwell, a parent/carer should be contacted as soon as possible by the appointed person, or a member of the leadership team. Anyone not well enough to be in school should be collected as soon as possible by a parent/carer or member of home staff. A log on CPOMS must be made of any pupil going home early due to being unwell.

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## First Aid equipment and materials

All staff are responsible for oversight of stocking and checking the first aid kits. Staff are asked to notify the appointed person (Jo Yates) when supplies have been used in order that they can be restocked. Contents of the first aid boxes is checked weekly by the staff member responsible for health and safety within the school and restocked at that time.

## First aid for school trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate First Aid qualification and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the First Aid room. This must be returned to the first aid room and the appointed person informed of any need for replenishing on return. Any accidents/injuries must be reported to the appointed person and to parents and documented in the accident book in accordance with this policy.

RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury, the appropriate health & safety procedure must be followed.

## Pupils using crutches or having limited mobility

Parents/carers must inform the school of the nature of injury and the anticipated duration of immobility. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents/carers must inform the school of any particular difficulties.

## Emergency care plans

The appointed person ensures that staff are made aware of any pupil with an emergency care plan. For example, a pupil who has pseudo-seizures has an NHS care plan – which must be adhered to by all staff. These care plans are held on the google drive which all staff have access to.

## Pupils with medical conditions

Any key medical information is on the google drive in a pupils individual file, information will be in their care plans and/or risk assessments.

## Dealing with body fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.

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- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include blood, faeces, nasal and eye discharges, saliva, vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the first aid room. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

## Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the Senior Leadership Team who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

<b>ILLNESS</b>	<b>PERIOD OF CONTAINMENT</b>	<b>COMMENTS</b>
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed over a longer period
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members

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Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	
Covid-19	10 days from initial symptoms – self isolate	Self-isolation for 14 days. School site which pupil is bubbling on to shut for 14 days for a deep clean and all pupils and staff to self-isolate. If they become symptomatic, then they self-isolate for 10 days from when they start displaying symptoms.

## MEDICATION IN SCHOOL

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day. Only prescription medication will be supported in school, we will not store or dispense any non-prescription medication.

However, it should be noted that:

- No child should be given any medication without their parent/carers/guardians written consent.
- Parents/carers must be given written confirmation of any medication administered at school, a copy of which will be kept on the pupil's file. Proforma for this are available from the Office.

Children will need to take medication during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

## Administration of prescription only medication

The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.

- Wash hands.
- Confirm that the pupil's name matches the name on the medication
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered.
- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the staff room. All medication should be clearly labelled with the pupil's name and dosage.

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- Parents should be asked to dispose of any out of date medication.

## Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required and this will be completed and agreed with parents.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2003)

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.

Major injuries from schedule 1 of the regulations:

- Any fracture, other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury lasting over 3 days  
Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
  - Acute illness requiring medical treatment; or
  - Loss of consciousness
- Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Death
- A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

APPENDIX: Guidance to staff on particular medical conditions

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## ALLERGIC REACTIONS

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

## SELF-HARM

Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

### Action to be taken. (refer to the Schools Self-Harm process for more details)

- 1.) Locate pupil
- 2.) Call for help from colleague/Emergency Services/GP
- 3.) Administer First Aid
- 4.) Keep calm and give reassurance – to the individual pupil and to those who might be affected by witnessing self-harm
- 5.) Log injury and inform DSL (Designated Safeguarding Lead)
- 6.) Assess risk
- 7.) Ensure full handover is confidentially passed onto care home/Parent/Carer

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## ASTHMA MANAGEMENT

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

### Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

### General considerations

Pupils with asthma need immediate access to their reliever inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the class teacher for use if the pupil's inhaler is lost or forgotten.

### Recognising an asthma attack

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

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## Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the appointed person or a first aider if she not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

## SEIZURE MANAGEMENT

### How to recognise a seizure

There are several types of epilepsy, but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy or pseudo-seizures will have an emergency care plan.

### Action to be taken (For specific pupils see their individual care plans)

1. Send for an ambulance;
  - a. if this is a pupil's first seizure,
  - b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes or
  - c. if an injury occurs.
2. Seek the help of the appointed person or a first aider.
3. Help the pupil to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity.
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents.

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