



First Aid Policy

This Policy applies to the entire setting including the EYFS.

Staff Responsible for policy review: Headmistress & Business Manager

Next Review: April 2023

Last Review	Updates made
May 2021	Updated staff list of first aiders
September 2021	Updated staff list of first aiders

1. **Introduction**

The policies, procedures and guidelines, are intended to provide a framework that ensures that the work of Wishford Schools Ltd is conducted in such a manner as to enable the organisation to fulfil its statutory and contractual obligations and meet its vision and goals in a consistent and coherent manner.

2. **Purpose**

The purpose of this policy is to:

- Ensure Wishford Schools Ltd First Aid arrangements are clearly outlined for staff and management to follow.
- Enable Wishford Schools Ltd to comply with the requirements of the Health & Safety at Work etc Act 1974 and the Management of Health & Safety at Work Regulations 1999 and the First Aid Regulations 1981.
- Clarify training needs for staff involved in first aid arrangements.
- Provide information and guidance to all staff on first aid matters.

3. **The Risks of Not Having this Policy in Place**

Failure to comply with this policy may result in the following corporate risks arising:

- The health and welfare of staff may not be adequately managed and controlled.
- Health and safety arrangements may not be achieved and implemented in a consistent manner across the organisation.
- Wishford Schools Ltd may not meet its legal obligations and standards set by such organisations as the Health & Safety Executive (HSE).

Potential loss of reputation both as an employer.

4. **Definitions:**

4.1 **Employees**

Employees are:

- Direct employees of Wishford Schools Ltd.
- Employees of other organisations but directly managed by Wishford Schools.
- Agency staff, apprentices, volunteers and any other staff on placement with Wishford Schools Ltd.

4.2 **First Aid means:**

The treatment of minor injuries which would otherwise receive no

treatment, or which do not need treatment by a medical practitioner or nurse; or

In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury or illness until such help is obtained.

4.3 **A Designated First Aider** is someone who has undertaken First Aid training and has a qualification that the Health & Safety Executive approves, demonstrating they hold a valid certificate of competence in either:

- First aid at work (FAW), issued by a training organisation approved by Health & Safety Executive
- Emergency first aid at work (EFAW) one day course, issued by a training organisation approved by Health & Safety Executive or a recognised Awarding Body with an annual refresher.

4.4 The Health & Safety Executive strongly recommends that first-aiders undertake annual refresher training during any three-year First Aid at Work/Emergency First Aid at Work certification period. **Although not mandatory**, this will help qualified first-aiders maintain their basic skills and keep up to date with any changes to first-aid procedures. **Where managers feel annual refresher training is not necessary, this should be documented as a risk assessment in accordance with the Schools Health & Safety Risk Assessment Policy principles.**

4.5 An **Appointed Person** is someone chosen to take charge when someone is injured or falls ill, including calling an ambulance if required and to look after the first-aid equipment, i.e. restocking first-aid boxes. An Appointed Person may not have been trained in First Aid. **This is the minimum legal requirement.**

N.B. It is important to note that appointed persons **cannot be used instead of designated first aiders**. There has to be an appropriate mixture of both individuals. Therefore, it is important to remember that appointed persons are not first-aiders and should not attempt to give first aid for which they have not been trained. Given this and the remaining possibility of an accident or sudden illness, rather than providing appointed persons, managers may wish to consider providing qualified first-aiders

5. Principles

Wishford Schools Ltd will take all steps, so far as is reasonably practicable, to pursue the following principles:

- The provision of appropriate information, instruction, training and supervision as is necessary to ensure the health and welfare at work of all employees.

- First Training provided, whether by contractors or in-house trainers, will ensure staff under training will have satisfactorily demonstrated First Aid competency to the trainers at the applicable course
- The preparation, and as often as may be appropriate, revision of a written statement of general policy with respect to First Aid. Also, to bring the policy and any revision to the notice of all its employees.
- To safeguard the health, safety and welfare of employees working in other premises and in the Community, including those entering private homes.

6. Roles & Responsibilities

6.1 Executive Chairman

As the responsible person for Wishford Schools Ltd, the Executive Chairman is overall responsible for all health, safety and welfare matters.

6.2 Operations Manager

It is the responsibility of the Operations Manager, so far as reasonably practicable to:

- Co-ordinate all health and safety matters across the group.
- Ensure a fit for purpose First Aid policy that reflects all safety aspects of Wishford Schools Ltd is in place.
- Ensure the review of safety policies, procedures and systems for the overall management of health and safety are undertaken on a regular basis.
- Ensure appropriate arrangements are in place to periodically monitor the safety performance of the Wishford Schools Ltd organisation.
- Report to the Executive Chairman on an irregular basis the health & safety performance of Wishford Schools Ltd, including any work related First Aid issues.
- Ensure systems are in place to identify and meet safety training needs of staff ensuring competence is appropriate to the role.
- Lead on all aspects of health and safety.
- Provide specialist advice as the competent person on all aspects of health and safety legislation including the provision of first aid in the workplace.
- Provide assistance to managers in the development of First Aid risk assessment and control strategies so as to ensure that they meet legislative or other standards.

- Advise with health and safety training needs, including First Aid of the organisation and assist in assessing First Aid training provision as appropriate

6.3 **Line Managers**

It is the responsibility of all managers, so far as reasonably practicable to:

- Implement and monitor this policy within areas of their control.
- Ensure the health, safety and welfare of employees within their control and that the specific provisions of health & safety policies and procedures, including First Aid are followed.
- Ensure that staff within their control attend appropriate First Aid training as required by risk assessment, policy, statutory directive, appraisal or agreement.
- Ensure that appropriate risk assessments affecting First Aid arrangements are reviewed annually and when job functions or working practices change.
- Ensure that the appropriate First Aid kits are provided within areas of their control.
- Ensure that local First Aid procedures are monitored, managed and maintained.
- Prioritise and allocate resources to address identified risks or hazards and to escalate to the Operations Manager, any issues that require immediate attention.

6.4 **Employees**

It is the responsibility of Employees, so far as reasonably practicable to:

- Work in line with the First Aid Policy.
- Be responsible for the health, safety and welfare of themselves and those who may be affected by their acts or omissions.
- Use work equipment in a way that they have been trained to and/or in accordance with manufacturer's instructions.
- Observe safe methods of work and safety procedures as laid down in departmental policies, protocols, work instructions, safe systems of work or procedures.
- Report to an appropriate supervisor/manager any problem they observe which could affect health and safety and seek advice and

assistance as required.

- Attend appropriate health and safety training as required by risk assessment, policy, statutory directive, appraisal or agreement.
- Report all incidents even where they consider it to be a minor incident.

7. **Arrangements**

Wishford Schools Ltd will, from time to time, produce policies and procedures to deal with specific health and safety situations.

Where such a policy document has been produced employees will adhere to the requirements of that document. If a specific policy document has not been produced employees will adhere to the general principles of this policy.

8. **References**

- The Health and Safety at Work etc. Act 1974.
- The Safety Representatives and Safety Committees Regulations 1977.
- The Health and Safety (Consultation with Employees) Regulations 1996.
- The Management of Health and Safety at Work Regulations 1999.
- HSG65
- The First Aid Regulations 1981
- HSE INDG214(rev2), published 05/14

9. **Review of this Policy**

This policy will be reviewed three years from the date of the Executive Chairmans approval or sooner if there is a requirement to meet legal, statutory or good practice standards.

S Antrobus
Executive Chairman
Wishford Schools Ltd

Appendix 1

First Aid Provision

It is important to remember that accidents can happen at any time, therefore First Aid provision needs to be suitable and available whenever staff are at work.

First aid personnel should be available at all times and sufficient for the number of personnel in any specific work environment.

Where premises are spread out, i.e. there are there several buildings on site or spread over multiple floors consideration should be for provision in each building or individual floor.

The table below will assist in the identification of required first aid personnel within your areas of control:

Category of Risk	Numbers of Personnel	Health & Safety Executive suggested number of First Aid Personnel
Low Hazard work environments, i.e. Offices, Administration areas etc	Fewer than 25	At least 1 Appointed person
	25 - 50	At least 1 trained emergency first aider (EFAW)
	50 +	At least 1 fully qualified first aider (FAW) for every 100 personnel
Higher Risk areas, i.e. wards Kitchen areas, warehousing (Receipts & Distribution), light workshops, i.e. in rehabilitation areas, Estates Departments	Fewer than 5	At least 1 Appointed person
	5 – 50	At least 1 trained emergency first aider (EFAW), depending on potential injuries
	50 +	At least 1 fully qualified first aider (FAW) for every 50 personnel

All employees will need access to at least one first aid box, placed in a clearly identified and readily accessible location. Appropriate signage should be in place to identify nominated first aid personnel and the location of the first aid boxes should they be required.

Managers are responsible for undertaking a First Aid Risk Assessment which will ensure appropriate numbers of trained staff are in place, in addition to the correct number of First Aid boxes.

Where there are staff who travel frequently, work agile, remotely or otherwise alone, Managers should ensure at least everyone has personal communicators (lone worker devices)/mobile phones and should consider the need for personal first aid kits, depending on the level of risk.

All first aid treatment is to be recorded, no matter how minor.

In addition to the equipment specified for first aid boxes, it is appropriate to seek to provide soap, water and disposable drying materials for first aid purposes. Where soap and water cannot be made available, then individually wrapped moist cleansing wipes, which are not impregnated with alcohol, may be used.

Disposable gloves; aprons and a mouth to face mask/flexible barrier capable of preventing cross infection and are acceptable from an infection control standpoint and should be checked regularly to ensure they remain in good condition. The use of any of these products which contain latex needs to be monitored to ensure there is no adverse reaction to them.

Other supplementary equipment such as blankets can be stored alongside first aid equipment, in such a way as to keep them free from dust and damp.

The use of antiseptics or medications are not necessary for the first aid treatment of wounds and antiseptics, or other creams/tablets/paracetamol etc are not to be included in first aid kits.

Managers should ensure that there is at least one notice posted in a conspicuous position in their workplace, or sections of workplace, which gives the location of first aid equipment and facilities as well as the names and locations of persons nominated as either first aiders or appointed persons.

The notice must conform to the requirements of the safety signs and signals regulations and should be in English, although a version in any language commonly used at the establishment may be displayed along side the English version (see appropriate section of this document for details).

The actual location of the first aid equipment should be clearly identified as well.

Appendix 2

Generic First Aid Risk Assessment

For help and advice, please contact matt.norman@wishford.co.uk

Location	
Date	

Current number of first aiders and level of training: Do shared or multi-occupied premises have adequate first aid provision for your activities? Consider provision to cover leave & sickness.			
Are the names of first aiders displayed prominently throughout the building?			
Approximate number of people working between 0830 - 1630:			
Lone working carried out in the office? Is provision made out of normal working hours, such as late meetings or night workers?			
Is the Service spread out e.g. are there several buildings on the site or multi-floor buildings?			
Distance to Nearest major hospital: Travel time:			
Maximum distance to location of existing first aid kits:			
Summary of incidents requiring First Aid over the last 12 months:			
List specific hazards in the area. E.g. violence and aggression, slips & trips, work at height, plant or machinery, moving objects, electricity, radiation, chemicals, dust, manual handling, gardening.	<table border="1"> <tr> <td>Hazard: Slips, trips and falls</td> <td>Location: Throughout the office</td> </tr> </table>	Hazard: Slips, trips and falls	Location: Throughout the office
Hazard: Slips, trips and falls	Location: Throughout the office		
Are there hazards or health concerns for which an extra first aid kit or specialised treatment is required.	Details: No		

E.g. chemicals, potential for burn, eye injuries, trips out.	
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Recommendations;

Contents of kit - Do the first aid boxes contain all the approved items (and no more)? NB – there may be items not suitable for your ward, i.e. scissors, safety pins etc.	Yes
Number and location of kits	
Any extra equipment required?	
Number and names & type of first aider agreed	
Additional recommendations	

Action list;

Items for Action	Completion Date	Date Signed Off	Initials
2 x trained first aiders			

Appendix 3

First Aid Box Contents and First Aid Rooms

There is no standard list of items to put in a first-aid box. Local risk assessments will determine if all Health & Safety Executive recommended contents are suitable, i.e. safety pins or other items deemed to be hazardous and which would otherwise be available to vulnerable service users may be omitted.

The contents of the boxes must be replenished as soon as possible after use in order to ensure that there is always an adequate supply of all materials. It is essential that items are not used after the expiry date shown on the packets which, in itself, requires first aid equipment to be checked frequently in order to ensure that all items are usable.

First aid boxes should be made of suitable material designed to protect the contents from damp and dust and should be clearly identified as first aid containers. The marking used should be a white cross on a green background in accordance with the Safety Signs and Signals Regulations.

First aid boxes which are to form part of an establishment's permanent first aid provision must contain only those items which a designated first aider has been trained to use which, in most cases, will be:

- Leaflet giving general guidance on first aid, i.e. Health & Safety Executive leaflet *Basic advice on first aid at work*;
- 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 12 cm x 12 cm) individually wrapped sterile unmedicated wound dressings;
- Two large (approximately 18 cm x 18 cm) sterile individually wrapped unmedicated wound dressings;
- One pair of disposable gloves;
- Tablets or medicines should not be kept in the first-aid box;
- Disposable apron and gloves (Trust requirement);
- A mouth to face mask/flexible barrier capable of preventing cross infection (Trust requirement);

NOTE

Sterile first aid dressings should be packed in such a way as to allow the user to apply the dressing to a wound without touching that part which is to come into direct contact with the wound. Additionally that part of the dressing which comes into contact with the wound should be absorbent.

There should be a bandage or other fixture attached to the dressing and consequently there is no reason to keep scissors in the first aid box unless the box is situated in a high risk area. See guidance note for examples.

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided which should not be re-used once the sterile seal is broken. At least 1 litre should be provided.

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

Appendix 4

General Information

Self Employed Persons and First Aid Provision

Where any self employed person is working on premises under the control Wishford Schools Ltd, it is their responsibility to provide, or ensure that there is provided for them, such first aid equipment as is adequate and appropriate for their needs. They may seek to use the facilities of an agreement outlined in the paragraph above rather than provide their own.

Insurance for First Aiders

Wishford Schools has in place suitable employer's liability insurance and occupier's liability insurance to provide cover for employees who are authorised to act as designated first aiders or appointed persons as part of their normal working role and who act in a responsible manner in line with their training.

Anyone therefore, who renders first aid assistance to patients, clients, staff or visitors and is trained to do so, is insured as part of the cover which the Trust has in place.

It is however, essential that effective and current records of all cases treated are maintained within the group. In order to do that, anyone giving first aid treatment must keep a record of this on the premises which can be done using the accident book.

First Aid at the Mead School

The Mead School Policy for First Aid (including any treatment commonly referred to as First Aid) and the administration of medication is as follows.

Training

All staff at the School are to attend basic First Aid Training via an approved training facilitator. This will normally be every three years via an "in house" training course provided by an approved organisation such as St John's Ambulance, Red Cross etc. The last whole school training session was in November 2020 online due to covid.

All staff working with EYFS children in whatever capacity undergo a two day Paediatric First Aid training course. Wherever possible, at least one of these members of staff should be available when EYFS pupils are outside at break time.

These are:

- Jane Ovenden
- Issy Hunt
- Jane Cobbold
- Roz Hughes
- Angela Pang
- Cassie Hibberd
- Rebecca Bath-Stirk
- Elizabeth Crowcroft
- Mel Douse
- Catherine Openshaw
- Peter Davies
- Molly Walker
- Jill Faure

- Heather Colbran
- Isobel Feaver
- Kate Mitchell
- Elizabeth Winter
- Jackie Grayson
- All expire August 2024 – unless otherwise stated

All staff have been shown how to successfully administer an “Epi Pen”. These are stored outside the Business Manager’s Office (in the Medical shelving unit). Details of pupils requiring epi-pens are stated in the list of names in each of the First Aid boxes and outside the Business Manager’s office.

Facilities

First aid stations are provided at different locations within the school - Every classroom has been issued with a first aid box and in addition to this first aid boxes are also located with the Games Staff, on the upper playground, outside classroom, and dining hall.

All school vehicles will carry suitable First Aid kits.

A suitable First Aid kit must be taken to all sporting events and on all school trips. A choice of First Aid Kits including ruck sacks, bum bags and pocket-sized versions are available from the Business Manager. In addition the Sports Department have their own specific first aid kits.

In addition to the statutory First Aid kit other items may be included:

- Sick Bags
- Sting cream
- (This list is not exhaustive)

First Aid kits will be replaced/restocked during each school break (i.e. during half and end of term breaks) Any shortages (through use or loss) in a First Aid kit must be reported immediately to the Business Manager who will replenish the missing or used items. Note: It is the responsibility of the person using the First Aid kit to report any shortages or use and not to leave it to the next user. First Aid kits must always be suitably stocked.

The top floor intervention room can double as a recuperation area. A portable bed, pillow and coverings are kept in the room. These items can only be used for this purpose and must not be removed or used for any other non-medical reason. They are regularly laundered and kept fresh. A sink is in the room and toilets next door.

All class teachers are given a list of children with any medical conditions of which school should be aware. A list of children with special medical needs is also pinned up both in the staff room and the office, as well as with all the First Aid Stations.

Emergency contact telephone numbers are held in the office, to which there is easy access. A medical questionnaire for each child (completed by parents prior to entry) is kept on file along with any pertaining medical notes. This will include parental permission for the school to administer specified treatments beyond that of First Aid. Access to these records is through the School Office and PASS.

The person giving the First Aid treatment will be responsible for:

- Correctly filling out the accident book including the events leading up to the incident (if appropriate).
- Detaching and giving the relevant part to the Business Manager.
- Notifying the parents, class teacher or the Head (as required).
- If the person treating an ill or injured pupil is unable to complete these tasks due to teaching commitments, they may hand completion of this task over to the Business Manager, School Secretary, Head or Deputy Head.
- The Business Manager is then responsible for any further reporting required under RIDDOR.

Guidance for accident / injury and giving of medicines administration.

Accident books are located at all first aid points along with Bang to the head wrist bands and Bang to the Head notes to go back to parents. Spares can be found outside the SBM office or in the staff room.

For any incident where first aid is given the accident book must be completed. This is a mandatory requirement. If a head inquiry is also involved the parent / carer must be informed and a 'bump to the head' letter sent home in the child's book-bag and a 'bump to the Head' wristband put on the child. The parent must also be informed via a telephone call through the school office.

It is also the duty of the school to inform the parents of any EYFS child who has an accident or sustained an injury on the same day, or as soon as reasonably practicable, and any first aid treatment given. This is usually done at the end of their school day. Where first aid (in the true definition) is not given (see suggested examples below) but where TLC or comfort is given then it is not necessary to complete the accident book; however you may choose to complete the accident book for your own assurance for any incident however small. If in doubt always record the details.

The First Aid books are self-explanatory with instructions inside the front cover. Please complete as fully as possible and then remove (tear along the perforations) and pass to the Business Manager for filing.

If you have any doubts – inform.

Signs

What to watch out for:

Asthma

The main symptoms of asthma are:

- wheezing (a whistling sound when you breathe)
- shortness of breath
- a tight chest – which may feel like a band is tightening around it
- coughing

Allergic Reactions

If you are allergic to substances in the air – such as pollen, animal dander and dust mites – the symptoms usually include:

- rhinitis – sneezing and a blocked, itchy or runny nose
- conjunctivitis – itchy, red, streaming eyes
- asthma – wheezing, breathlessness and a cough

If you are allergic to a certain food or medication, symptoms can include:

- urticaria (hives) – a raised, itchy, red rash
- swelling – usually affecting the lips, tongue, eyes and face
- abdominal pain, vomiting and diarrhoea
- atopic eczema – the skin becomes dry, red and cracked

Eczema

Eczema is a condition that causes the skin to become itchy, red, dry and cracked. It is a long term (chronic) condition in most people, although it can improve over time, especially in children.

Atopic eczema can affect any part of the body, but the most common areas to be affected are:

- backs or fronts of the knees
- outside or inside of the elbows
- around the neck
- hands
- cheeks
- scalp

People with atopic eczema usually have periods when symptoms are less noticeable, as well as periods when symptoms become more severe (flare-ups).

Further useful information can be found on the NHS website:

<http://www.nhs.uk/Conditions/Pages/hub.aspx>

Giving of medicine to a pupil

Any medicine given to a pupil at school must be recorded on the medication form.

Medication can only be given by trained members of staff.

The pupil must be issued with a medication band stating the date and time of administering medication and the type and quantity.

For non – prescription medicine (Calpol, Neurophen and Piriton) verbal permission must be sought from a parent or carer, and noted on the permission form.

For prescription medicine written permission must be sought from a parent or carer.

Use of personal asthma inhalers does not need individual permission, but does require a band and a medical form to inform the parent and other staff members of the administration.

Medicine held within the school should be kept in either the locked cabinet in the Business Manager's office or the fridge in the staff room. All prescribed medicine must be in its original bottle with the child's name and dosage label on.

Parents must ensure that any medicines provided for use at school are in date and replacements are sent in prior to their expiration. Expired medicines cannot be administered.

Any child who needs to use an inhaler for asthma should carry it with them at all times, and will be allowed to use it as necessary. A spare named inhaler must be brought in to be kept outside the Business Managers office so that it can be accessed if needed.

Any child prescribed an Epi-pen is encouraged to keep it with them at all times. Their second Epi-pen will be stored outside the Business Managers office so as to be easily accessible if required in an emergency.

Reporting procedures

The procedures in use are in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) as follows:

- a) Notification to the Health and Safety Executive by the HSE Approved Method if the following occurs:
 - Fatal Injury to Staff, Pupils or Any Other People in an accident on the premises.
 - Major Injury to Staff, Pupils or Any Other People in an accident on the premises
 - Dangerous Occurrences listed in the Regulations.

- b) Reporting
 - A report will be sent to the Health and Safety Executive of any notifiable incident.
 - A report will be sent to the Health and Safety Executive for any other injury which results in Staff being absent from, or unable to do their normal work for more than seven days.
 - A report will be sent to the Health and Safety Executive in the case of ill health listed in the Regulations.

Note: When reporting of accidents to pupils, the HSE guidance Education Sheet 1 will be used to establish whether the accident is reportable or not as the reporting criteria are different for pupils and employees.

c) Reporting Arrangements

Reporting to the HSE will be carried out electronically on the HSE's approved electronic reporting arrangements.

Record Keeping

Type	Incident Report	Contact parent	Bang to Head Letter	Bang to Head Wristband	Medication Form	Medication Band
Day to day accident (no potential head injury)	Yes – return to Business Manager to look for patterns and trends	No	N/A	N/A	N/A	N/A
Day to day accident (with potential head injury)	Yes – return to Business Manager to look for patterns and trends	Yes	Yes – into book bag	Yes – on to child	N/A	N/A
Giving of non-prescription medicine	No	Yes – ask for permission	N/A	N/A	Yes	Yes – type of medication, time, date, amount
Giving of prescription medicine	No	Yes – permission in writing	N/A	N/A	Yes	Yes – type of medication,

						time, date, amount
Asthma Inhaler	No	No	N/A	N/A	Yes	Yes – number of puffs, time, date,

Example of reportable First Aid incidents

1. Two children run into each other in the playground, bang heads with significant force that one or both seem dazed and are in distress. You attend and check over the children – neither have any serious injuries and you are satisfied that no treatment other than observation is required. – You should complete the accident book (one page for each child) and state “Child checked and no action required”. If you decide that an ice pack is beneficial then do issue one and record this in the accident book as action taken.

Note: All head injuries are to be recorded and the parents informed immediately. In addition, Bump to Head wristbands are put on the injured pupil (and placed so they cannot be pulled off by the child), and a ‘bump to head’ letter is sent to parents.

2. A child slips and falls down the stairs badly hurting their ankle. You attend but feel that the child should be checked over at the local hospital. After informing the School Office and the Head you contact the parents who take the child to A & E but take no further action.

You should complete the accident book and state “Parents called to take child to A&E.”

Incidents where either you use your discretion or a report is not normally required:

1. A child falls in the playground and lightly grazes their knee on the tarmac, you send the child in to clean their knee and on inspection a plaster is not required. Use your discretion. Probably don’t complete a report.
2. A child falls in the playground and is distressed. You administer a bit of TLC but no further treatment is required. You might use an ice pack as a “comfort blanket” – ensure the Ice pack gets returned to the staff room but the accident book does not require completion unless you want to do so.
3. A child in your class gets sick. The Parents are called to collect the child. This does not get recorded in the accident book.

Treatment

- Anybody can give First Aid, however where possible this should be given by someone with appropriate training and in a timely fashion.
- Where possible when minor treatment is being administered (plasters etc.) a permanent member of staff should be present.
- If the treatment is to, or involves, a potentially sensitive part of the body (including, but not limited to genitalia) this will only be carried out with the Head’s express permission and with at least one other teacher present, (female staff for female pupil, and male staff for male pupil).
- Before any treatment is given, advice should be sought in the first instance from the School Office and by contacting the appropriate parent.

- Only medication prescribed can be administered with written permission from a parent or carer (with the exceptions of Calpol, Nurofen and Piriton where verbal permission is sought).
- Medication that has not been prescribed is not allowed to be brought to school by pupils or parents.
- Any prescribed medication for pupils that is brought into school must be kept by the class teacher who will also supervise, or administer to, the pupil. Where that teacher feels unable or unwilling to do this the Head or Business Manager can be delegated. In certain circumstances parents can be asked to attend school to administer medication, fill in the medication form and medical wrist band.
- If required, parents will be contacted to collect the child, this must be done with the express permission of the Head or member of the SLT in their absence.

If a child is unwell the best place for them is at home with an adult. A sick child will not be able to cope with school activities, and if the illness is infectious there will be a risk of passing it on to other children and staff. If a child becomes unwell during the school day parents should be contacted and be requested to take the child home.

If a child is on prescribed medicine and the family doctor regards the child fit to return to school, or a child is on long term medication, the child's teacher will administer the medicine provided that there is a written request from the parents, with details of administration and dosage. The teacher will complete the medication form each time a dose is administered, logging the dosage, time and date.

The parents must provide the medicine in a suitable container clearly labelled with the child's name and directions. The medicine must be kept under 'lock and key' in the Business Manger's office or staff room fridge.

- Staff should take all precautions when dealing with sickness and diarrhoea. Parents are encouraged to leave a full 24 hours after any case of this to ensure all contagious viruses are diminished unless advised by health notices that 48 hours is appropriate.
- An ambulance will be called for urgent cases by a member of SLT or authorised by a member of SLT and parents informed.
- No member of staff (unless fully qualified to do so) will make any diagnosis. They will limit their comments and treatment accordingly. If they have any concerns they should only voice them to the Head and not to the pupil or parent.
- If it is deemed best to take a pupil to Hospital then the following will apply:
 - i. The Head or Business Manager must give express permission.
 - ii. Two members of staff should accompany the pupil (unless circumstances prevent this and the Head agrees)
 - iii. Full pupil details will be taken to the Hospital.
 - iv. The Parents must be informed.
 - v. The persons taking the pupil to Hospital must report in as soon as practicable.
 - vi. The persons taking the pupil to Hospital will remain with the pupil until relieved by either another member of staff or by the parents.

School Health

Upon a child joining the school, their carer will be asked to complete a confidential medical form for the school's records.

The following is written in the joining instructions to all parents / carers:

“Children should remain at home until they are clear of infection or have nearly completed a course of antibiotics. Prescribed antibiotics must be in their original container and clearly identified with the official label showing name and dose. Staff are permitted to administer prescribed antibiotics only if absolutely necessary during the school day and only on receipt of written authority. However, children should remain at home during the first 48 hours of any antibiotic treatment. No other medicines are permitted except for asthma and eczema sufferers using prescribed drugs. If your child has diarrhoea and/or vomiting, please keep them at home for 24 hours following the last episode of either or 48 hours for the Norovirus. “

Hygiene Procedures for Dealing with the Spillage of Body Fluids

Special care should be taken when dealing with the spillage of bodily fluids (vomit, urine, faeces, blood etc.). Disposable gloves should be worn. These can be found in all first aid kits.

The area should be isolated if possible and then treated with the Emergency Spillage Compound, a yellow sachet located in all first aid kits. This will reduce the spillage to a gel allowing for prompt and easy clearance. The gel waste should be cleared (a dustpan and brush can be used) and placed in a plastic bag, knotted tightly and removed to an outside bin.

The affected area should then be further cleaned with a sanitising fluid found in the designated First Aid area in the Business Managers Office. Additionally, a mop and bucket and additional cleaning products are located in the locked cleaning products shed should this be required. (padlock code 1987).

Staff medication and staff responsibility

If staff are taking medication which may affect their ability to care for children, those practitioners should seek medical advice.

The Mead School will ensure where possible that those staff only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after the children properly.

Staff medication on the premises must be securely stored in either the locked medicine cabinet in the Business Manager's office or the Registrar's office or if it needs to be kept cool in the staff fridge in the staff room out of reach of children at ALL TIMES.

There are regular staff training sessions (run by external agencies if appropriate) on dealing with medical emergencies in the school. The sessions include dealing with asthma, diabetes, epilepsy, anaphylactic shock and how to use an Epi-pen. The various procedures for getting assistance and an ambulance are covered.

A list of children with serious medical conditions is made available to all relevant staff and discussed regularly at staff meetings when needed.