

## **FIRST AID AND MEDICATION POLICY**

The provisions in this policy apply to all aspects of the school including EYFS, Breakfast and After School Clubs, Holiday clubs, trips and extra-curricular clubs.

This policy has been written with due regard to the DfE's document "Guidance on First Aid". It should be read in conjunction with the school's Health and Safety Policy and Pastoral Care Policy.

### **Aims**

Richmond House School is committed to ensuring the highest standard of care possible is available to all members of the school community. We aim to provide immediate first aid care in order to promote safety and wellbeing.

### **Roles and Responsibilities**

It is the responsibility of all pupils to alert a member of staff about any injury or accident and to seek first aid assistance for themselves or for others.

It is the responsibility of all staff to ensure they follow the guidance in this policy in dealing with sick or injured children, staff or visitors. When dealing with injuries, it is everyone's responsibility to complete the accident forms and/or bumped head notes and report these to the office. It is everyone's responsibility to alert the office if any first aid supplies need replenishing.

It is the responsibility of the School Administrator, Christine Jepson, to ensure the first aid boxes are maintained and well stocked. Regular checks should take place over the course of the year. The office will keep a file of all accident report forms which includes a record of all first aid administered to pupils or staff. The office will also fill in head bump forms which will be given to the child to take home. Christine Jepson and Jayne Hawley attend the extended offsite course, all other office staff attend the onsite training course. Under the guidance of the Bursar, the office will contact RIDDOR/HSE as appropriate.

It is the responsibility of the Bursar to organise staff training, and with the school administrator, to keep a record of this.

It is the responsibility of the Head Teacher to ensure that the guidance in the First Aid Policy is understood by all staff and to monitor its implementation efficacy. The Head Teacher is also responsible for the review of the first aid policy.

### **Record Keeping and Reporting Accidents**

In accordance with HSE and RIDDOR recommendations, the following major accidents must be reported if they injure either the school's employees during an activity connected with work, or a self-employed person whilst working on the premises;

- Accidents resulting in death or major injury
- Accidents which prevent the injured person from doing their normal work for more than five days

Following any significant accident in school including all head injuries to children, an accident report form should be completed by the member of staff who dealt with the incident and handed to the school office. A bumped head note should be completed which is sent home to parents accompanied by a telephone call where needed. These forms are kept in the accident file which is kept in the school office and maybe used to help the school identify any accident trends, reference in future first aid needs are helpful for any insurance or investigation pupils.

### **First Aiders in School**

The Health and Safety (First Aid) Regulations 1981 require trained First Aiders to be present in the workplace. There will always be at least one trained first aider on site during the school day, including at least one person who is trained in Paediatric First Aid for children in EYFS. There will be at least one qualified first aider accompanying any school trip, and a person with paediatric or Early Years First Aid qualification when EYFS children are on a trip. There is always a member of staff with suitable First Aid training during the school day. Staff dealing with incidents should ensure the supervision of other children is not compromised whilst they administer any necessary treatment and additional staff support should be summoned when required.

The School has at least two members of staff who have completed Suitable First Aid at Work training courses. The main duties of the first aiders are to

- Give immediate help to actualities with common injuries
- When necessary, ensure an ambulance or other professional help is called
- Keep a record of all first aid and inform parents of children when necessary.

In addition, all teachers and teaching assistants undergo “Emergency First Aid at work” one day training course. This training helps staff to cope with an emergency and improves their confidence in knowing what to do. It does not give qualified First Aider status. Those staff who regularly work with children in EYFS receive Paediatric training every three years.

In addition, on the point of offering and acceptance of a place for children with particular medical conditions, information is collated as part of this process and will be communicated to staff. Specific and specialist training will be given to staff as is deemed necessary. This covers conditions such as Epilepsy, Asthma, Diabetes and Anaphylaxis.

### **First Aid Resources in School**

The School has a First Aid room next to the school office. There is a locked first Aid cabinet which holds basic medication for pupils and staff. Specific medication sent in by a parent is also stored in there or in the fridge in the office. This should be accompanied by a form completed and signed by a parent detailing the medicine, dosage and frequency. The key to the cabinet is held in the First Aid room, kept out of reach of children. The fridge also contains cold packs. Spare medication for pupils who suffer from a particular condition is also stored in the First Aid Cabinet. Pupils with conditions such as asthma maybe responsible for their own medication if they are deemed responsible enough by the school and parents.

First Aid kits for off site activities are also kept in the first aid room which are collected by the person in charge of the trip/visit. It is the responsibility of the office to keep these kits replenished, but the user should also check the kit before taking it off site and alert the office of any issues regarding the contents of these kits.

First Aid kits are located in the Office, each mini bus, Pavillion, Gym, Dining Room, Kitchen, Nursery, Music Room, Science/ DT room, Art room. If they are stored in a cupboard, they are clearly indicated with a red cross.

All items used in the treatment and clearing up of slippage must be disposed of safely, either in the yellow cabinet in the First Aid room, in the case of sharp contaminated products, or using the toilet or washbasin. In cases of sickness, sand is available and the caretaking staff should be made aware immediately so any areas can be cleaned thoroughly.

### **Accidents and Emergencies**

All staff have a duty of care to assist a child or adult suffering an injury or accident.

Step 1 – to deal with the casualty, be patient and calm and to administer first aid as appropriate. Do not apply lotions or creams just use water to wash.

Step 2 – to send the patient to the First Aid room at the school office, accompanied by another pupil or member of staff. If patient is unable to go to the First Aid room, the office should be called and a First Aider should go to the patient.

Step 3 – the decision to call an ambulance will vary from case to case. The First Aider will decide whether to seek further help and/or call an ambulance. Staff are strongly advised to call an ambulance if

- The casualty appears not to be breathing, having chest pains or struggling for breath
- They have a severe injury which is bleeding profusely and cannot be stopped with direct pressure on the wound
- The casualty is unconscious or unaware of what is going on around them or experiencing weakness, numbness or difficulty in speaking
- The child has a fit for the first time even if they seem to recover from it later, or someone has a fit or seizure for longer than 3 minutes.
- The casualty has a severe allergic reaction; administer the EpiPen (if they have one) and then phone the ambulance.
- The casualty has suffered a burn that needs a dressing.
- The Casualty has fallen from a height or been hit by something travelling at speed and may have suffered a spinal injury.

Call 999, give the school address and postcode **170, Otley Road, Leeds, LS16 5LG**. The back entrance to the school is **LS16 5NJ**.

In these circumstances, the next of kin is informed immediately. Details of a child's GP should be taken from their file and given to the member of staff who accompanies the child to the hospital.

### **Other Injuries at School**

All injuries and accidents are reported using the accident forms and kept in the accident file in the office. All children who bump their head will be given a Head Bump note to take home. As a courtesy to parents and to avoid shock on collection, any injury to the head, face or something unusual (for example a bite) should be reported to the parents even if no further action is required.

### **Hygiene in School**

All staff are advised to take precautions to avoid infection and must follow basic hygiene procedures. Single use disposable gloves are kept in first aid kits and the First Aid room.

### **Sickness, Diarrhoea and other Infectious diseases**

The Health Protection Agency Guidelines state that *“ All cases of diarrhoea and/or vomiting should be regarded as potentially infectious and should normally be excluded from work, school or other settings until 48 hours after the person is free from diarrhoea and/or vomiting. “*

If a child has been sent home for diarrhoea or vomiting, they must remain at home until 48 hours after the last episode of illness. Regarding illness and infections, staff should follow the Government Guidance on infection control in schools and other childcare settings. Any child suspected of having an infectious or contagious disease whilst attending school will be isolated and the parents will be informed and asked to collect the child.

Any infectious diseases or parasites discovered at the school will be notified to parents and an email to alert all parents and staff will be sent as soon as possible from discovery/notification.

### **Allergies/ Dietary needs**

All children with any special dietary needs are recorded on SIMS and a list kept in the school office and in the dining room. Children wear badges which are kept in the dining room when having lunch.

### **Anaphylaxis**

The school aims to protect the children at risk by using the following procedures

- Parents should provide up to date medical information on their child
- A consent form for treatment is signed by parents
- Spare emergency medication is provided by the parent and kept in the First Aid room which is clearly marked with the child's name and expiry of the Epipen.
- The school catering team provide nut free products in all school meals and parents are reminded that children should not bring into school any produces containing nuts.

Awareness of anaphylaxis is promoted through school and used in staff training as required.

### **Procedures in the event of an anaphylactic reaction**

- 1 Ask someone in the office to:
- 2 Dial 999 and call an ambulance
- 3 Give the pupil's name and inform them that he/she is suffering an Anaphylactic Reaction
- 4 Call the pupil's parents and inform them
- 5 Whilst awaiting the medical assistance, staff will administer the Epipen
- 6 A second dosage will be given after 10 minutes if the ambulance has not arrived and his/her condition has not improved.

### **The Epipen treatment – injectable adrenaline**

Directions for use are:

- 1 Pull the end off, ie the grey cap
- 2 Hold onto the muscle at the top of the leg, ie thigh
- 3 Aim the pen. It must be placed OUTSIDE THE THIGH at right angles AND LEFT.
- 4 Press down on the top of the pen: this will click which in turn will push the needle into the leg
- 5 Count slowly to ten: this allows the adrenaline to be absorbed.
- 6 Withdraw needle, ie pull the Epipen away and massage the area.
- 7 Look for a positive response. YOU CAN INJECT A SECOND DOSAGE AFTER 10 MINUTES IF REQUIRED.
- 8 Confirm that an ambulance has been called.

## Medication

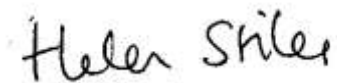
- All medication should be handed in to staff in the school office, providing clear instructions for administering.
- Medication can only be administered by staff if a person with parental responsibility has filled out and signed a Medication form. Medicines must be in their original container.
- Calpol will be administered to children from Year 1 upwards by staff if the parents have completed the authorisation form and returned it to school. This is attached to the pupil's file. A call will be made to parents to confirm dosage and any previous administration that day as staff cannot rely on a child's word.
- No creams or lotions will be administered, eg Arnica cream, Witch-hazel.
- Nursery staff will administer the child's own sun cream to Nursery children, upon receiving written authorisation from parents.
- All cuts and bruises should be cleaned with water only.
- Individually wrapped sterile adhesive dressings are safe to use **provided** that they are **not** used on anyone who may suffer an allergic reaction to certain types of plaster. Hypoallergenic plasters should be used. First aiders **must** establish whether the person requiring treatment has such an allergy. If so, an alternative dressing, ie a non-allergic sterile plaster or dressing should be used.
- Dressings should be used sparingly. **In most cases, cleaning cuts with water alone will suffice.**
- A list of those children known to have an adverse reaction to plasters is posted on the inside of the cupboard where the plasters are kept.
- In the case of inhalers, it is the school policy for asthmatic children to keep their own (clearly labelled) inhalers with them during the day if they are deemed responsible enough to do so. Nebulisers are kept in the First Aid Room. Epipens are kept in the First Aid Room.
- All Epipens/ventilators, etc are to be kept in a safe place accompanied by a letter from the parents stating exactly when and how they are to be administered. Children requiring an Epipen have their own pen in a box in the first aid room; instructions for use are in a separate box. Photographs of children that require an Epipen, can be found in the first aid room, kitchen of the Pavilion and staff room.
- All medicines to be kept in the First Aid Cupboard in the First Aid Room, or in the fridge, if required. Medicines will be administered by office staff or teaching or assistant staff, as appropriate. However, it is the responsibility of the form teacher to ensure that the child "appears" in the office at the correct time for administration of the medication. Staff administering medicines must complete the bottom section of the medication form.
- Soiling – children will be given clean items and directed to a private place to change their garments. Help may be given to the smallest children. Soiled clothing will be placed in a plastic bag for home laundering or, if more appropriate, disposed of. On occasions, parents may be asked to collect their child from school. (See Intimate Care Policy)

- Children suffering from infectious diseases such as impetigo, etc. should not attend school until they have been treated and they are clear of infection.
- Staff – EYFS. Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Any staff medication must be securely stored at all times.

This policy is reviewed regularly by the Head Teacher, in consultation with the Senior Leadership Team and Governing body.

Policy Date: January 2017

Signed Headteacher

A handwritten signature in black ink that reads "Helen Stiles". The signature is written in a cursive style with a large initial 'H'.

Signed (Chair of Governors)

A handwritten signature in black ink, appearing to be "Charmaine". The signature is written in a cursive style with a large initial 'C'.

Appendix 1 Accident Form

ACCIDENT FORM

Child's Name: ..... Form: .....

Time: ..... Date: ..... Location: .....

What happened? .....

.....

Treatment given? .....

.....

Head Bump  
Form issued

 Yes No

Parents informed?

 Yes No

Form completed by: .....

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Appendix 2 Head Bump Note

HEAD BUMP

Child's Name: .....

Form: ..... Date: ..... Time: ..... Signed: .....

Unfortunately, your child received a bump on the head. Below are notes for your guidance:

Your child **was/was not** unconscious for a period of time. If your child has been unconscious, they should attend A&E.

- 1 Your child should be watched carefully for 24 hours. They may be allowed to sleep but, in the first two hours after injury, should be roused every 30 minutes.
- 2 After this time, check every three hours, including through the night. The child should merely be roused to open their eyes and move their limbs.
- 3 Any child
  - having a fit
  - becoming difficult to rouse
  - vomiting repeatedly
  - complaining of a headache
  - showing a weakness of an arm or leg**SHOULD BE TAKEN TO HOSPITAL.**

**Appendix 3 Medicine form**

**PRESCRIPTION MEDICINE IN SCHOOL**

**Pupil name:** ..... **Form**..... **Date**.....

**Name of medicine to be administered:** .....

Please note: MEDICINES MUST BE IN THE ORIGINAL CONTAINER. MEASURING SPOONS etc MUST BE PROVIDED.

Please complete every section:

**Dosage**.....

**Time of administering**.....

Any other information you feel is relevant.....

.....

Please read carefully and tick all relevant boxes before signing:

I confirm that this medication has been prescribed by my child's general practitioner, hospital doctor or dentist, or purchased over the counter.

I confirm that my child has taken this medicine before without adverse effect.

I understand that the medicine will be administered by staff who are not medically qualified.

I give my consent for the above medication to be administered according to the instructions given above.

**Signature:** .....



FOR OFFICE USE ONLY			
Date	Amount	Time	Signature

## Appendix 4 Government Guidelines on infection control within a school

### Rashes and Skin Infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per " <u>Green Book</u> ")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

## Diarrhoea and Vomiting Illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

## Respiratory Infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

## Other Infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures