



## FIRST AID POLICY (including EYFS)

**Status and Review Cycle:** Statutory / Annual

**Policy reviewed and amended:** 26/9/22 James Ashcroft & Lauren Hosford

**Next review date:** 30/8/23

**Governor Lead:** Mr Alex Durnell

**Policy Holder:** Lauren Hosford

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Written in accordance with the DfE guidance on First aid in schools.

This guidance is applicable to all those involved in the provision of first aid related to school activities. This policy is written in line with the Department of Education on first aid for schools. In accordance with the General Data Protection Regulation all confidential records of pupils or staff are kept in a locked room.

## **OBJECTIVES**

- To ensure that there is always an adequate provision of appropriate first aid
- To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.
- To provide instructions where a child may feel ill during the school day
- Report and record all accidents
- Arrange and to provide training to staff, maintain record of training. Review annually.

## **GUIDANCE**

The School Medical Officer will be responsible for the implementation of this policy.

The School Medical Officer will undertake a risk assessment to determine the first aid needs. This will include consideration of the following:

1. Size of the Prep and its split sites
2. Our Location
3. Specific hazards or risks on the site
4. Staff or pupils with special health needs or disabilities
5. Previous and current record of accidents / incidents at the school
6. Provision for lunchtimes and breaks
7. Provision for leave / absence of first aiders
8. Offsite activities, including trips
9. Practical departments, such as science, technology, PE
10. Out of hours activities
11. Contractors on site and agreed arrangements

## **FIRST AID**

The Prep ensures:

1. Appointed members of staff complete the 3-day First Aid at Work (FAW) training course and undergo the 2-day refresher training every 3 years.
2. There are sufficient trained first aiders to cover day to day and other school activities.
3. A first aider (paediatric first aid for EYFS pupils) accompanies pupils on visits out of school
4. First aiders give immediate help to those with common injuries or illnesses and those arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is called.
5. The school also have appointed persons (FAW) in addition to first aiders. Such persons will have received more formal training to take charge when someone becomes ill or is injured, to look after first aid equipment, e.g. restocking of supplies and ensuring that an ambulance or other professional medical help is called when appropriate.
6. Appointed staff undergo yearly training in the administration of adrenaline (Epipens) to treat anaphylactic shock.
7. The Annual Consent for Administering Medication and First Aid for Pupils form is received by email at the beginning of each academic year specifying any allergies or medical conditions and giving authority to act on behalf of the parents in a medical emergency (in loco parentis) until they can be contacted.

## **SPECIAL NEEDS**

There is a Head of Learning Support based at the school, who is available for consultation and advice should a member of staff or a parent have any concerns regarding a pupil's educational development or behaviour.

## **MEDICAL ROOM**

The main medical room is located in The Prep School house next to the Reception area. In the Pre-Prep pupils are treated in the school office.

A defibrillator is located outside the prep's Medical Room beside the staff pigeon holes.

A defibrillator is located opposite Mrs Cook's office in the seating area.

A full list of the medical room equipment is detailed in Appendix one

## **FIRST AID KITS**

- First aid kits are provided in areas of the school where accidents are considered most likely
- A first aid kit is taken when pupils leave the school on organised trips or participate in sports events.
- First aid kits are checked weekly and replenished as necessary
- The contents of a first aid box will be in accordance with the guidance given in the Health, Safety and the Environment document
- First Aid kit content is detailed in Appendix two

## **FIRST AID NOTICES**

Lists of members of staff who are qualified first aiders or Paediatric first aiders are displayed on noticeboards:

- Directly across from the medical room
- The entrance to the sports hall
- The entrance to the Oakery
- Health and safety notice board – Centenary Centre

All pupils and staff will be given information on the provision of first aid at their induction.

## **PROCEDURE IN CASE OF ACCIDENT OR INJURY**

If you witness an accident, you should either contact the school Medical Officer or an appointed first aider directly.

**Do not leave any pupil unattended.**

In the event of a medical emergency, the First Aider at Work or school Medical Officer must contact or give instructions to contact the emergency services.

## **CONTACT AN AMBULANCE**

- Dial 999
- When asked what service is required state clearly "Ambulance"
- When put through to the ambulance control room, state clearly what the emergency is and whether or not the casualty is breathing.
- Listen to the operator and follow instructions given. Do not hang up unless you are told to do so.

- Give the operator your exact location i.e. the school address and postcode and location on our site e.g. the Pre-Prep Hall, the Oakery
- Give your telephone number to the operator and keep the phone manned.
- Send someone to the school entrance to wait for the ambulance and to direct the crew to the casualty. Ask someone to locate a high vis jacket for this person so they can be seen.
- Inform the school office and ask someone from the SMT to contact the casualty's parents or staff member's next of kin.
- If the casualty's condition worsens, call back the emergency services.
- If the decision is made by the ambulance control to send an air ambulance, ensure that the school office informs the maintenance team so an area can be cleared and prepared for a helicopter landing.

## ACCIDENTS

Parents of all pupils have given a signed authority for the school to consent on their behalf to pupils receiving emergency medical treatment including blood transfusions, general anaesthetic and operations by an appropriately qualified person necessary for the pupil's welfare if the parent cannot be contacted in time.

As and when a minor accident occurs the casualty should receive appropriate first aid from the school Medical Officer, a member of the teaching staff or a member of the office staff according to their training. In the event of a head injury, for children in the Pre-Prep a "bump note" will be placed in the pupil's book bag alerting the parent to the minor injury should the parent or guardian notice a bruise or graze on their child that evening. In the senior school, a head injury letter will be sent home.

For the more serious accidents the pupil will be sent to hospital. Initially, attempts will be made to contact the parents, inform them of the situation and assess the feasibility of the parent taking the pupil to hospital. If this is not a feasible option, then the casualty will be driven by a fully trained member of staff or an ambulance will be called. In this situation the parents must be informed immediately of: -

- the name of the Hospital to which their son/daughter has been taken.
- asked to attend the hospital as a matter of urgency.
- reassured to minimise parental distress

Medical advice may be sought from either Sevenoaks Minor Injuries Unit or a Casualty Department at Maidstone or Tunbridge Wells [Pembury] Hospital.

Where incidents occur an accident report will be documented in the PASS system and parents will be notified via telephone or accident slip. The Medical Officer is responsible for recording the information on PASS. If any other member of staff is dealing with the accident, they must enter the details into the journal in the medical room in the Prep school. In the Pre-Prep incidents are to be recorded on the staff Intranet, in the child's year group folder by the acting first aider. These incidents will also be recorded on a bump note.

In the medical first aid kits there is an accident book which allows incidents to be recorded as they happen so we can capture information immediately.

It is important that you are specific when recording the injury e.g., which finger, on which hand.

For head injuries it is extremely important we follow the procedure in Appendix three. Parents will be given a head injuries advisory note and asked to alert the school should further monitoring be required.

See Appendix four for dealing with a child with an allergic reaction.

## **RECORDING OF ACCIDENTS (SERIOUS ACCIDENTS)**

The Medical Officer records details of every accident and incident on the PASS database and in the ACCIDENT BOOK. The records are confidential and only disclosed if “the permission for disclosure” is given by a pupil’s parents.

It is a statutory requirement to report serious accidents RIDDOR to the Health and Safety Executive, including:-

- Accidents resulting in a death of any person
- Accidents resulting in specified injuries to workers
- Non-fatal accidents requiring hospital treatment to non-workers and
- Dangerous occurrences.

Casualties or parents / guardians are required to sign the accident report giving permission for disclosure to the HSE.

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

## **PUPIL ILLNESS**

If a teacher feels that a child is not well and requires assessment, the following procedures should be followed.

The Medical Officer (and in her absence, a First Aider at Work) will assess the child and see if they can resolve the problem or whether the child should be sent home.

The school Medical Officer, (or in her absence the class teacher) has the responsibility for the decision as to whether the pupil should stay at school. It is assumed that they are more familiar with the pupil in question than the office staff. If the child is to be sent home the pupil illness form (see Appendix five) must be completed (by the Medical Officer or FAW) and inform the office.

Should a pupil become unwell at either break time they should report to one of the teachers on duty or go directly to the school Medical Officer.

If a teacher feels that a child in the Pre-Prep is not well enough to continue working at school, a member of staff will escort them to the Pre-Prep Office. The teacher and first aiders in the Pre-Prep office will decide whether the child is well enough to remain in school or not. The Medical Officer may be consulted if necessary. The child will remain in the office whilst the parents’ are contacted and arrangements are made for the child to be taken home.

The Medical Officer is on duty in the medical centre from 10:00– 16:00 Monday – Friday. At all other times illness will be overseen by the office staff and where necessary an appropriately qualified first aider.

The Medical Officer holds details regarding infectious diseases and the appropriate exclusion period in each instance. In cases of vomiting and diarrhoea, pupils should not return to school for a period of 48 hours after the last episode.

## **MEDICATION**

Non-Prescribed medication – Only medicines stated on the annual consent form for the “Administration of Non-Prescribed Medication and First Aid” can be given to a pupil by a suitably qualified member of staff and if the consent form has been signed by the parent or guardian.

Having considered the “Gillick competency” and the age of our pupils, it is not our policy to allow pupils to self-medicate without parental permission.

All details of non-prescribed medication given to pupils must be recorded in the Record of medication given folder, and in the school’s PASS computer system along with the details about the child and reasons for giving the medication.

The member of staff giving the medicine should: -

- Check the identity of the pupil.
- Check that consent has been gained from parents for the medication to be administered. Consent can be checked on PASS system.
- Ask their age
- Ask if they have had any of the same medication within the last 24 hours. This should be checked with a call to the parents if there is any doubt. The medicine should be given depending on this answer.
- Always check the label on the medication for dosage instructions and ensure the medication is in date.
- A medication given at school form (Appendix six) should be sent home with the child. This form is vitally important as it states what medicine the child has had, what amount and at what time.

#### Prescribed medication

If a child requires prescribed medication, then it must be brought into school by their parent or guardian. The medication must be in its original container as dispensed by a pharmacist and include the prescriber’s instructions for administration which must be followed. It should be clearly labelled with the child’s name. A child medication register form (Appendix seven) should be completed by parents giving information of the specific medication, strength of medicine, dosage to be administered and times to be given.

All medicines are safely and securely stored and kept in a locked cupboard in the medical room or in the medicine’s fridge.

Unless administered by the Medical Officer, two members of staff must be present when the medication is given to the child and it must be recorded in the records of medication given folder and initialled by both members of staff. This is then recorded on PASS.

If an incorrect drug or dose is given to a child, or to the wrong child, medical help or advice must be sought immediately. This incident must be recorded in the ACCIDENT BOOK. The parents of the child must be informed immediately.

#### **HEALTHCARE PLANS**

Individual healthcare plans are documented to allow the Prep to effectively support pupils with special needs or long-term and complex medical conditions. They provide clarity about what needs to be done, when and by whom. The level of detail within the individual plan depends on the complexity of the child’s condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans may be initiated by a member of school staff or the Medical Officer. Plans are drawn up with input from professionals e.g., a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.

Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

The healthcare plan will include/ consider:-

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements
- Plans are filed in the medical room and clearly labelled. These are reviewed annually unless things change in the interim.
- Parents are responsible for informing the school about any changes to their child's condition/care plan

## **RESIDENTIAL TRIPS**

In order to ensure the safety and welfare of all pupils on a school trip the leader is required to make a careful risk assessment of all aspects of the trip. In case of residential trips the party leader will have 'locus standi' permission in place for each child. Where at all possible a member of staff who is a fully trained first aider (FAW) will attend and carry a school medical kit. On residential trips a senior member of staff will oversee medicines and treatments where necessary. Pre-information in regard to medication and allergies should be obtained beforehand, along with parent permission slips. This

information should be transmitted to hosting parents clearly prior to the arrival of the pupil at the hosting family's home. The following checklist can be found in the Educational Visits Policy:

- Medical information form completed by parents for residential trips
- Allergy information and medication disclaimer form completed by parents for all trips
- Inhalers and adrenalin pens (Epipens) to be checked and included in the medical kit
- Calpol, Ibuprofen, Piriton, Antihistamine cream, Antiseptic cream and travel sickness tablets, as well as prescribed medicines may be administered by staff, with parental permission, on residential trips on a different form.

## SPILLAGES

For spillages of body fluids please see Appendix eight.

If spillages occur in the science department the teaching staff will implement their risk assessment procedure in their health and safety policy.

## CONTACTS

Medical Officer	Lauren Hosford 01732 764832
Pembury Hospital	01892 823535 Tonbridge Rd Tunbridge Wells, Kent TN2 4QJ
Maidstone Hospital	Hermitage Ln, Maidstone, Kent ME16 9QQ 01622 729000
School office	01732 762336

## Appendices

- Class Medical slip
- Medical room equipment and content
- First aid Kit content
- Medical/Contact Information Form for **residential school visits**
- Trips -Basic Medicine Permission Form
- Allergic reaction
- Head injuries
- Spillages
- Notification of medication form
- Medical/contact form for **all trips**
- Child Medication Register



## Appendix one

### MEDICAL ROOM EQUIPMENT CHECKLIST

	wash basin with hot and cold running water
	toilet facilities close by
	drinking water and disposable cups
	disinfecting hand sanitiser and surface wipes
	lockable first aid cabinet/cupboard
	foot operated refuse container
	yellow disposable clinical waste bags
	examination/medical couch
	chair
	telephone or other communication equipment
	accident book for recording incidents attended by a first aider
	Medicines record log
	automated external defibrillator (AED)
	parent contact details and pupil information accessible by PC/internal network

## Appendix two

### FIRST AID KIT EQUIPMENT CHECKLIST

	Plasters in a variety of shapes and sizes
	Small and large sterile gauze dressings
	2 sterile eye dressings
	Triangular bandages
	Crepe rolled bandages
	Safety pins
	Disposable sterile gloves
	Scissors
	Tweezers
	Alcohol free cleansing wipes
	Sticky tape
	Thermometer
	Skin rash cream
	Cream or spray to relieve insect bites
	Antiseptic cream
	Painkillers (paracetamol)
	Distilled water for cleaning wounds
	Eye wash and eye bath
	Cool packs

## Appendix Three

### Care of the child with a HEAD INJURY

When the injury happens the first person at the scene should assess whether the child can be taken to the medical room or the Medical Officer or first aider should come to them. An ambulance should be called immediately if there has been any loss of consciousness. (See procedure for summoning an ambulance).

### ASSESSMENT BY MEDICAL OFFICER OR FIRST AIDER

1. Look for signs of injury.

There may be no sign, try to get an account of what happened from the casualty or a witness.

There may be a bump or swelling that can be felt.

There may be obvious bleeding.

It may be a penetrating injury, there may be a visible fracture to the skull with major bleeding. In this case cover the wound, preferably with a clean dry dressing and CALL AN AMBULANCE IMMEDIATELY.

2. Symptoms of injury.

Nausea

Disorientation

Vomiting.

Dizziness

Drowsiness

Headache

Blurred vision.

Memory loss.

Following assessment:

In the case of a **serious head injury with major bleeding and/or unconsciousness**,

Call an ambulance. (See procedure for summoning an ambulance).

Do not move them if conscious whilst waiting, however, if they become unconscious then THEY MUST BE PUT IN THE RECOVERY POSITION.

Control bleeding with a sterile dressing if possible from the first aid kit.

Reassure the casualty and keep them warm until emergency services arrive. Observe the casualty for changes in status.

For a **minor head injury with no loss of consciousness or bleeding** the child should be observed in the medical room and ice should be applied to the area of injury.

Observe for and record any of the symptoms listed above.

If after 20 minutes the child is alert and has none of the above symptoms, then they may return to class.

The child should be observed throughout the day and told to return to the medical room or alert a teacher if they start to experience any of the above symptoms.

If there is **bleeding from the injury**, manage the bleeding and call the parents of the child straight away.

A CHILD THAT SUSTAINS ANY HEAD INJURY SHOULD TAKE HOME A HEAD INJURY INFORMATION NOTE EXPLAINING TO PARENTS WHAT HAS HAPPENED. It should be made clear that if they are at all concerned about their child's health over the next 48 hours then they should seek medical help.

Head injuries need to be observed throughout the day if the child remains in school. If any of the following occur then the parents should be called straight away any medical help should be sought.

- Headache getting worse
- Increased drowsiness
- Nausea or vomiting
- Unequal pupils.
- Dizziness, or confusion.
- Fluid coming from the ears or nose.
- Blurred vision or slurred speech.
- Unconsciousness or seizure.

## **Appendix four**

### **Care of the child with an allergic reaction.**

#### **MANAGEMENT OF THE CHILD**

All children with an allergy are known to all staff as photographs of the child and details of the condition and actions to take should be clearly available to school -teaching, administration and catering staff.

Antihistamine medication and Adrenalin pens (school stock and individual child's) should always be in date. If found to be out of date, then parents should be informed immediately, or if Adrenalin pens are due to expire then parents should be warned so that a replacement can be obtained quickly.

Staff attend yearly training by the school Medical Officer or through first aid training in the administration of Adrenalin (Epipens) pens, and management of anaphylaxis.

#### **SIGNS OF ANAPHYLAXIS**

Swelling and itching of the face, particularly around the mouth, the face may be flushed and blotchy.

Wheezing, difficulty in swallowing and breathing.

Increased heart rate.

Loss of colour, cold and clammy appearance.

Stomach cramps and nausea.

Sense of impending doom.

Complete collapse and loss of consciousness.

## Appendix five

### Pupil illness form



Date:	Time:	Student name:	
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Description of illness and assessment:

Was the parent notified: Yes	No	By Whom?	if not, then why?
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Name of family member contacted:	Time notified:
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Parent instructions:

Go back to <input type="checkbox"/>	Medication <input type="checkbox"/>	Student to leave <input type="checkbox"/>
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Details of action taken:

**Appendix six**

**MEDICATION GIVEN AT SCHOOL**

Dear Parent,

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_

**We have given your child medication today for the following reason.**

**Illness:**

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**Medication:**

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**Dose:**

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**Time Given:**

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Please do not hesitate to contact us.

Yours sincerely,

Lauren Hosford  
Medical Officer

## Appendix seven

### Child Medication Register

Child's name		Year:
Date of Birth		
Name of Medicine		
Strength (if applicable)		
Expiry Date		
Dosage to be administered		
Times to be given		
Any other instructions		
Quantity of medication given to school (if applicable)		

**PLEASE NOTE:** all medicines must be given to the school in the original packaging and dispensed by the pharmacy, bearing the pharmacy label.

The above information is, to the best of my knowledge, accurate at the time of writing. I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency of the medication, or if the medication is stopped.

**Signed: (parent/guardian:**

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Print name:** \_\_\_\_\_



## **Appendix eight**

### **SPILLAGES**

Body Fluid Spillage Policy Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

#### **Staff Contact**

- The Maintenance team should be contacted initially so that he can arrange for a member of his team to clean the area appropriately.
- The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean-Up Procedure'.
- Get some disposable gloves from the nearest First Aid kit.
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).
- Put more absorbent towels over the affected area
- The bin bag that has had the soiled paper towels put in, then needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- The area then needs to be cordoned off until cleaned.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

#### **Procedure for Blood and Other Body fluid Spillage**

- Gloves to be worn at all times
- Any soiled wipes, tissues, plasters, dressings etc. must ideally be disposed of in the clinical waste bin (Yellow bag). If not available then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.
- When dealing with a spillage, absorbent paper hand towels need to be place on the affected area so absorbing the spill.
- Contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.
- Wash hands.
- All yellow bags to be disposed of in Yellow bins as the school could potentially be fined if not adhered to.

#### **Management of Accidental Exposure to Blood**

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

**ACTION TO TAKE**

- If broken skin encourage bleeding of the wound by applying pressure – do not suck.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the School Nurse and Senior Management.
- If necessary, take further advice from NHS 111.
- An accident form will need to be completed and may need to be reported to RIDDOR.