



ST CHRISTOPHER'S SCHOOL
FIRST AID & SUPPORTING MEDICAL NEEDS POLICY
(including EYFS)

2018-19

To be reviewed Sept 2019

1. INTRODUCTION & AIMS

At St Christopher's School we believe that proper procedures should be followed in the administration of First Aid. Health and Safety legislation places duties on employers of staff to protect the health and safety of their staff, pupils and visitors.

Our first aid policy aims to provide timely and competent administration of First Aid and the effective implementation of the policy. The policy also aims to inform stakeholders of:

- Qualified first aiders /appointed persons
- Location of first aid containers
- Arrangements for off-site activities and trips
- Arrangements for pupils with particular medical conditions
- Hygiene procedures for dealing with the spillage of body fluids
- Guidance on when to call an ambulance
- Accident Reporting under RIDDOR
- Head injury advice notice Sick Children Policy

This policy is part of our guidance related to our Welfare, Health & Safety of pupils guidance.

2. THE ROLE OF THE HEAD OF SCHOOL

The Head Teacher, Mr GP Musetti, and the Deputy Head are responsible for implementing this policy and for developing detailed procedures and arranging first aid courses as applicable. The Head Teacher makes sure that parents are aware of the School arrangements for first aid. The Head Teacher is also responsible for reviewing the first aid needs, particularly after any changes to ensure that the provision is adequate.

The Head Teacher or Deputy Head in his / her absence should ensure parents are kept informed as appropriate.

3. THE ROLE OF THE TEACHER AND THE SUPPORT STAFF

All staff in the School should make themselves aware of this policy and the wider Health & Safety policies. All staff are expected to assist a child who has sustained an injury or who is expected to have sustained an injury. Where a staff member has not received Paediatric First Aid training, they should seek the assistance of a staff member who has, where accidents are not considered minor. See *First Aid Rota below*.

All members of the School teaching staff hold current certificates in Paediatric First Aid though there may be periods where staff are awaiting renewal of certification. In addition to this, members of staff – Hugo Neves and Leah John-Baptiste also hold a First Aid at Work certificate.

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The main duties of a first aider are:

to give immediate assistance to casualties with common injuries or illnesses;
to ensure that an ambulance or other professional help is called when needed;
to ensure that parents are informed if a child has sustained a head injury (however minor it appears).

In addition to this, Mrs Alex Ossowski also checks and restocks first aid containers. All contents should be up to date.

4. MEDICAL AND FIRST AIDER RESPONSIBILITIES & PROCEDURES

Injured children are attended to by trained first Aiders within the school, depending who is on the duty rota. First Aid can be administered by the Headteacher, school secretary, lunch-time supervision team, EYFS team or teaching assistants.

Furthermore, training is provided for staff where the administration of medicine requires medical or technical knowledge.

All injuries must be assessed quickly and the correct course of action taken. All pupil injuries should be prioritized.

Staff should always wear gloves when dealing with cuts and wounds.

Our Procedures for the ADMINISTRATION OF MEDICINE include the following:

Child sent home

We have a procedure, discussed with parents, for responding to children who are ill or infectious. Where a child is vomiting or otherwise ill or infectious the parents will be informed and a FORM 11 will be completed. The child will either be sent home or the parent will be advised to take him/her to their GP.

Medical Information

The school implements procedures, for administering medicines and maintaining information related to this. We actively request information about pupils' medical conditions and update this regularly. Where necessary, we will ask to speak to the pupils' GP. This information is kept in two files –

- 1.CHILDREN'S CONSENT FORMS AND INFORMATION FILE
2. EIPEN ALLERGIES MEDICAL CONDITIONS FILE

All this information is summarised in a wall chart kept in the staff room with a separate chart for SERIOUS ALLERGIES. All these sources of information are regularly updated.

Prescription and Parental signed consent

Medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor). No medicine can be given without prescription.

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.

Prescribed Antibiotics

Prescribed antibiotics can be administered under the following rules:

1. With Headteacher's permission and under a doctor's prescription and with written permission of parents.
2. For the first 24 hours (from the date of prescription) antibiotics should be administered by the parent, at home, to ensure there are no allergic reactions to the medication.
3. After 24 hours, the school can administer one dose per day as part of the prescription plan.
4. When antibiotics is given in school, there should be a signed sheet detailing time, dose and date. Where possible, this process should be witnessed.
5. We advise parents where possible to ask the GP for a prescription plan which would allow the antibiotics to be administered outside school hours.

Records of administration of medicine

The school keeps a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

Our Procedures for the TREATMENT OF INJURY include the following:

First Aid boxes

A first aid box accessible at all times with appropriate content for use with children, these can be found in the Medical Room Annexe and in the Head's Office.

Minor Injuries

The School keeps a written record of accidents or injuries and first aid treatment. This is updated in the COMPLETED INJURIES FORMS FILE, with EYFS children logged separately.

The school must also inform parents and/or carers of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, of any first aid treatment given. There is an additional Head Injury letter given to parents if the injury was near or on the Head. This warns parents of potential dangers involved with Head injuries.

Serious Injuries/RIDDOR

The school must notify Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.

Serious injuries are logged separately in a RIDDOR file and a plan of action is drafted following the injury to put in control measures for any identified risks.

A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.

4.2. IMPORTANT CONDITIONS FOR EYFS

At least one person who has a current paediatric first aid certificate must be on the premises and available at all times when EYFS children are present, and must accompany children on outings. Paediatric first aid training must be relevant for workers caring for young children and, where relevant, babies. The training must cover the course content as for St John Ambulance or Red Cross paediatric first aid training and be renewed every three years.

Furthermore, certification for teachers and assistants working in EYFS should be on display for parents and outside observers to see.

Teaching staff and support staff working with EYFS will be familiar with Medical details and allergies including serious allergies for all EYFS pupils – and will know where to access this information.

5. MEDICAL EMERGENCIES

This is when an injury/illness requires immediate medical help or further assessment by doctor. Medical information to be sent to the hospital is pre-prepared on each child and kept in CHILDREN'S CONSENT FORMS AND INFORMATION FILE.

Please refer to Appendix 1.

6. SAFEGUARDING

It is important that staff follow safeguarding procedures and aim not to isolate themselves with a pupil, e.g. in the toilets, whilst administering first aid. Staff should aim to have another member of staff close by, and should inform the pupil what is happening, and seek their permission to check a potential injury in sensitive areas. Obviously common sense and professional judgement should be applied, and if in doubt staff should ask the Head Teacher or Deputy Head. Where a child is distressed and refusing to be examined, it is advisable to immediately contact the parent and seek their intervention with the child. In the EYFS a trained member of staff will be on site at all times and one will always accompany an outing.

7. MEDICINES

If medicine is sent into school by a parent, a written doctor's note or prescription note should accompany it and the parent should see the Class Teacher/school secretary. It is the St Christopher's policy that if a child is that ill s/he should be kept at home. Any divergence from this procedure will only be at the Headteacher's discretion, in consultation with the Proprietor.

8. LOCATION OF MEDICATION & FIRST AID KITS

Medicines that require refrigeration are kept in a separate clearly marked container in the refrigerator in the Staff room.

The main First Aid kits are kept in the medical room annexe.

Medications, such as EpiPens and inhalers, are also kept in each child's clearly marked medical box in the Head Teacher's Office. Medication is kept in a locked cupboard.

9. ARRANGEMENTS FOR PUPILS WITH SPECIFIC MEDICAL CONDITIONS

Parents are required to inform the School of any medical conditions and to update the School where a need arises. Staff are asked to inform the Head of any concerns about potential medical conditions.

Information sheets for pupils requiring medication are printed and displayed on the notice board in the School Office, and these are discussed by staff in relevant meetings / training.

10. FIRST AID ROOM and other First Aid Areas

We have a first aid room where a child can lie down, under to supervision of a member of staff until they are taken home or to hospital. The room has a sink and is close to a toilet area. If the child has a minor injury, they can be treated either outside the first aid room or by the school secretary's desk, whichever is most appropriate. Furthermore, if the sick/injured child does not need to lie down/use a sink/use the toilet, first aiders may consider the Headteacher's office to be a better area to administer first aid until the child is taken either home or to hospital.

We encourage parents to collect sick children as soon as possible

Where a child has suffered a small injury and is able to sit, we use the Annexe to first aid room / School Office area.

Where a child needs to lie down (i.e. before being collected by a parent or transported to a hospital / clinic) the medical couch is set-up in the Medical Room. A kit is prepared including disposable vomit bowls and bottled water

A wash basin is in the room and toilets are in very close proximity. The primary use of the first aid room is for first aid for a child who needs access to toilets/wash basin/quiet area. When the first aid room is in use, the secretary or other member of staff will supervise the child, until parent arrives.

The first Aid Medical room is used for the sole purpose of first aid and therapy.

11. FIRST AID OFF-SITE

Teachers holding lessons away from the School grounds should be in possession of a mobile phone and the number of that phone should be logged in the School Office. Staff can also take their own personal mobile phones on school trips to use solely for a First Aid or other emergency, under the terms of the trip risk assessment. They should also carry a portable first aid kit. First Aid trained male and female staff should accompany pupils to the swimming baths so as to be appropriately present when pupils change separately.

Please refer to our Risk Assessment guidelines.

12. HYGIENE

Staff must wear gloves when dealing with accidents involving spillage of bodily fluids. (Refer to Appendix 2 Body Fluid Spillages).

13. LIFTING

Children should not be lifted as this could cause injury to both the lifted and the lifter. All staff are made aware of "Manual Handling" guidance.

14. ALLERGIES

There are named children in the School who have developed allergic reactions to certain types of food. Details of these children together with a photograph are on the School Office notice board.

A separate notice is on display for children with SERIOUS ALLERGIES who require an epipen.

Staff should acquaint themselves with the procedure for dealing with these children, particularly those who need an Epipen. Training has been given to the School staff in the use of an Epipen.

No Nuts of any kind are allowed in the School. St Christopher's is a nut-free environment.

15. INFECTIOUS DISEASES

The School recognises that infectious diseases are highly contagious, spreading from person to person in the same way as an ordinary cold or flu virus, i.e. through the droplets that come out of the nose or mouth when someone coughs or sneezes. A cough or sneeze into a hand will cause the virus to be easily transferred to surfaces that a person touches, such as door handles, hand rails, telephones and keyboards. The flu virus can live on a hard surface for up to 24 hours, and a soft surface for around 20 minutes.

The School adheres to The Public Health Agency (formally The Health Protection Agency) and the National Health Service (NHS) Directs information and advice. According to the PHA, the incubation period for respiratory disease such as swine flu (time between infection and appearance of symptoms) can be up to seven days, but is most likely to be between two and five days. The symptoms of swine flu are similar to the symptoms of regular human seasonal flu and include fever (a high body temperature of over 38C or 100.4F), fatigue, lack of appetite and coughing. Some people with swine flu have also reported runny nose, sore throat, nausea, vomiting and diarrhoea.

The school will help to reduce the risk of catching or spreading infectious diseases by:

Sending any child with a temperature of 38°C home.

Encouraging children to always cover their nose and mouth with a tissue when coughing or sneezing.

Disposing of dirty tissues promptly in a bin.

Maintaining good basic hygiene, for example washing hands frequently with soap and warm water before drying thoroughly to reduce the spread of the virus. Posters are displayed around the school encouraging this.

Using named water bottles and disposing of drinking cups in a bin straight after use.

Regularly cleaning and maintaining the toilet and wash areas by cleaning staff.

Cleaning hard surfaces, such as door handles, classroom and dining room tables frequently.

All school trips will be risk assessed prior to visits. If there is no easy access to hand washing facilities, hand cleansing rub (alcohol free) or wipes will be provided.

The school occasionally experiences illnesses and infections which seem to affect several children at the same time and with the same symptoms. Such illnesses might include:

- Influenza outbreaks
- Illnesses that cause diarrhoea or vomiting
- Colds
- Other infectious conditions

When illnesses and symptoms occur that affect several pupils and/or staff, these are the measures and procedures the school will put in to place:

1. Where possible, expert advice will be sought from doctors and health care professionals. The school will act on this advice.
2. Where appropriate, a letter will be sent home to inform parents of the condition.
3. The cleaning company will be informed of the condition. Tables and contact surfaces like the stair banister will be cleaned with detergent and then antibacterial spray. If necessary a **deep clean** will be ordered for the classrooms, food and eating areas and high risk areas like carpet areas will be cleaned. Head Office will be informed in the event of a Deep Clean request.
4. Children who have vomited will be required to stay home for 48 hours and children with a temperature will be required to stay home until the temperature has normalised, subject to a doctor's advice.
5. All classes will be reminded to clean hands and to practise basic food safety strategies:
 - Wash hands.
 - Sneeze into tissues and throw tissues away.
 - Clean shoes when sitting in carpet area.
 - Not to touch mouth, nose and eyes with unwashed hands.
6. Children who have vomited, run a temperature or have other obvious symptoms: Parents will be contacted during the school day and arrangements made to send them home early where practicable.

7. If there is reasonable cause to suspect the outbreak results from one single factor or source – eg a contaminated area – expert advice will be sought to isolate and decontaminate this area.

8. When appropriate, the local area Health Authority will be contacted for advice.

16. RECORD KEEPING

Records are kept of any injuries requiring treatment. Records are then placed in either the pupil or medical injuries file as appropriate, as required by the Data Protection Act.

Separate records are kept for pupils and staff.

In an emergency or if a child is too unwell to stay at School, the parents are contacted by the Head Teacher or Deputy Head.

In the case of an injury, particularly a head injury (that does not need professional attention), a written Head Injury notification is given directly to the parent/carer upon collection at the end of the School day.

Parents are informed of accidents on the same day or as soon as is reasonably practical.

The school also tries to use record keeping to analyse and improve health and safety within the school.

16. STAFF INFORMATION

All staff are expected to inform the School of any known medical conditions they suffer from that might need attention in school.

17. MONITORING AND REVIEW

The Head Teacher is responsible for monitoring this policy and its effectiveness.

APPENDICES:

APPENDIX 1

Medical Emergencies/RIDDOR

This is when an injury/illness requires immediate medical help or further assessment by doctor.

If a child is considered to need hospital treatment but it is not an emergency, the School should contact the parents and they should collect their child. The Head Teacher will take the decision whether to transport the child to a hospital in the event that it is not an emergency and the parents cannot be reached.

If immediate hospital treatment is considered necessary an ambulance will be called without delay and parents informed. This call will be made by a nominated person, however, an ambulance may also be called by the Office personnel. Staff should always call an ambulance in the following circumstances:

- In the event of serious injury or illness;
- In the event of any significant head injury;
- In the event of a period of unconsciousness;
- Whenever there is the possibility of a fracture;
- In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid or if they are unsure of the correct treatment.

When an ambulance has to be called ideally the person who is at the scene of the accident should contact 999 so clear accurate information can be given. A record of the School's observations and treatment prior to the arrival of the ambulance must accompany the child to hospital. The hospital and parents will be given a record of observations and any treatment given at school. Parents must be alerted. Senior management must be alerted. Secretary to be alerted.

If parents are not present, the School should send a member of staff to the hospital.

The accidents/incidences warranting emergency care are situations such as: head injuries where there is a loss of or suspected loss of consciousness; sudden collapse; major wounds needing medical attention; suspected fractures; spinal injuries; use of an EpiPen; major asthma, diabetic, seizure event. *This list is not exhaustive.*

An accident involving serious injury will be reported under RIDDOR, to the police or the Health and Safety Executive by the head. In the case of children in EYFS, the School will also notify Ofsted and the local child protection agencies

APPENDIX 2

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:

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 place in tie-up plastic bag.
- Put more absorbent towels over the affected area.
- All gloves / towels used to be placed in yellow "medical bin" outside in bags provided.
- 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.
- A badly affected area then needs to be cordoned off until cleaned.
- If a cleaner is not immediately available, staff member to mop affected area and place wet surface safety sign nearby.
- All reusable cleaning up equipment then needs to be appropriately disinfected.
- Wash hands use anti-septic soap.
- All used bags to be disposed of in the yellow bin, properly sealed in sacks provided.

APPENDIX 3:

Staff Training and CPD record. This is continually updated by the school secretary and displayed with certificate and certificate expiry dates together with medical information in the First Aid Room and the Staff Room.

APPENDIX 4:

Pupil Medical Conditions List and Serious Allergies List. This is continually updated and the list with full details and photographs of pupils is kept both in the staff room and in the First Aid Room.

Signed by A Metha Proprietor



Appendix A: Intimate Care Protocol

Part of the First Aid Policy – see Appendix A

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. It also includes supervision of pupils involved in intimate self-care.

The following are the fundamental principles upon which the policy and guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Best Practice:

Assisting a child to change his / her clothes

This is more common in our foundation stage. On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that they have a colleague nearby when supporting dressing/undressing and will always give the child the opportunity to change in private.

If staff are concerned in any way or a child is very distressed then parents/carers will be asked if they can come to school to assist their child.

Changing a child who has soiled him/herself

If a child soils him/ herself in school a professional judgement has to be made as to whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our usual procedures but we will also seek to make age-appropriate and individual responses where needed. The child will be given the opportunity to clean themselves and change his / her underwear in private. School will have a supply of wipes, clean underwear and spare uniform for this purpose.

If a child is not able to complete this task, school staff will attempt to contact the parents/carers to inform them of the situation and ask them to come to school to support their child's changing.

If the parents/carer is able to come to school within an appropriate time frame; the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.

If the parents/carers cannot attend, the decision will be taken on the basis of loco-parentis and our duty of care to meet the needs of the child to change the child, the member of staff completing the care should advise another member of staff that they are changing the child.

In the EYFS if a child cannot change themselves a member of staff will assist and inform another member of staff this is taking place.

Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by email.

Pupils who require regular assistance

Pupils who require regular assistance with intimate care have written individual health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan will be agreed at a meeting at which all key staff and the pupil will be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Accurate records should be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

These records will be kept in the child's file and available to parents/carers on request.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care.

Child Protection

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse. From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all

adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead.

A clear written record of the concern will be completed and the school's child protection procedures followed. If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy