



**Walkwood**  
Church of England  Middle School

## First Aid and Medical Matters Policy

Governing Body Committee responsible:	Ethos, Inclusion and Care		
Approval granted:	16 November 2020	Review date:	Autumn Term 2023

“Being cheerful helps when we are sick, but nothing helps when we give up.”

*Proverbs 18:14*

“The vision, in line with the Church of England’s role as the established Church, is for the common good of the whole human community and its environment, whether national, regional or local. It is hospitable to diversity, respects freedom of religion and belief, and encourages others to contribute from the depths of their own traditions and understandings.”

*Deeply Christian, Serving the Common Good, 2016*

“The core purpose of any Church school is to maximise the learning potential of every pupil within the love of God.”

*SIAMS (Statutory Inspection of Anglican and Methodist Schools) 2012*



## Aims

- To provide relevant training and ensure monitoring of training needs is reviewed.
- To provide sufficient and appropriate resources and facilities.
- To keep staff and parents/carers informed of our School's First Aid arrangements.
- To keep accident records and to report to the HSE and other bodies as required.
- The purpose of this policy is to give clear structures and guidelines regarding first aid and medicines.
- To ensure the safe use, administration and storage of medicines in school and on educational visits.

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered by qualified first aid personnel;
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees;
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training;
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept;
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our funding agreement and articles of association.

This document incorporates the statutory policy requirements of *First aid in schools*, *Supporting pupils with medical conditions* and *Children with health needs who cannot attend school*.

## Duties of an Appointed Person (*Guidance on First Aid DfEE 1998*)

- Takes charge when someone is injured or becomes ill.
- Looks after the first-aid equipment e.g. restocking the first aid container, ordering equipment.
- Ensures that an ambulance or other professional medical help is summoned when appropriate.
- In addition to the above, First Aiders are required to follow the procedures outlined in this policy.

## Main Duties of a First Aider (*Guidance on First Aid DfEE 1998*)

- To give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.



- In addition to the above, First Aiders are required to follow the procedures outlined in this policy.

## First Aid Equipment and Facilities

The Appointed Persons, line managed by the Business Manager, will ensure that the appropriate number of first-aid containers is available and restocked when necessary. Audit forms of restocking will be maintained.

All first aid boxes are marked with a white cross on a green background. The boxes are stocked in accordance with the HSE recommended and mandatory contents. (see *DfE Guidance on First Aid for Schools*).

First aid boxes and equipment are taken on all school educational and sporting visits.

Basic hygiene procedures must be followed by staff administering first aid treatment.

Single-use disposable gloves **MUST** be worn when treatment involves blood or other body fluids.

## First aid procedures

### In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the first aider or pastoral manager will contact parents immediately.
- The first aider or relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

### Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Access to Parents' contact details

A risk assessment will be completed by the visit leader prior to any educational visit that necessitates taking pupils off school premises.



## Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see Appendix 2). Staff will need to renew their first aid training when it is no longer valid.

## Pupil accidents involving their head

Children often fall and injure themselves. Thankfully most bumps to the head are harmless events and can be dealt with by the supervising adult by applying a cold compress.

Parents/carers will be contacted if the child has a significant or a visible bump/graze to the head. All head bumps must be recorded and an email sent home informing parents of possible symptoms to look for. It is the responsibility of the first aider dealing with the head bump to inform parent/carer.

## Record Keeping and Reporting Accidents

All minor injuries and First Aid treatments given are recorded.

Parents/carers are notified by an email home if any First Aid has been administered for head bumps. A copy of the information sent home is kept.

Parents/carers are contacted *the following day* by telephone with a follow-up note if a child has received a significant bump to the head or one leaving a red mark or swelling, a wasp or bee sting or a significant incident.

## Transport to hospital or home

In the event of a serious injury, the First Aider will make the decision to call an ambulance and will send notification to the Business Manager who will inform the Principal.

Where hospital treatment is required but it is not an emergency, then the first aider or the pupil's pastoral manager will contact the parents/carers for them to take over responsibility for the child.

If the parents cannot be contacted, then the Principal or Business Manager may decide to transport the pupil to hospital. Where the school makes arrangements for transporting a child then the following points will be observed:

- Only staff cars insured to cover such transportation will be used.
- No individual member of staff should be alone with a pupil in a vehicle.
- The second member of staff will be present to provide supervision for the injured pupil.



## Statutory requirements for Accident Reporting

The Governing body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety Executive as it applies to employees.

- An accident that involves an employee being incapacitated from work for more than seven consecutive days (not including the day the accident has occurred) (changes made from 6 April 2012 from 3 to seven days)
- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

For non-employees and pupils an accident will only be reported under RIDDOR:

- where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or;
- It is an accident in school which requires immediate emergency treatment at hospital.

## Children with Medical Needs

Children with medical needs have the same rights of admission to a school as other children. Most children with medical needs can attend school and take part in normal activities, sometimes with support.

Parents/carers have the prime responsibility for their child's health and should provide school's with information about their child's medical condition.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

An Individual Care Plan may be put in place to help staff identify the necessary safety measures and medical support needed to care for children with long term medical needs and ensure that they, and others, are not put at risk. These will be drawn up together with parent/carers and an Appointed Person.

In most cases, given the ages of children at our school, children who can take their medicines themselves or manage procedures are likely to require an appropriate level of supervision. Relevant staff should help to administer medicines and manage procedures for such pupils.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.



## Individual healthcare plans

These plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix 1.

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend 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.

Where a child has SEND but does not have an Education & Healthcare Plan, their special educational needs should be mentioned in their individual healthcare plan. Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with appropriate partners to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

## Role of parents / carers

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.



### Role of pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

### Role of school staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### Staff training

Suitable training should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. It would usually be the first aider who will be part of meetings regarding an individual healthcare plan.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. Where whole-school training is needed, this will be relayed to the appropriate Assistant Principal who will determine when such training can take place. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans.





## Children with health needs who cannot attend school

When a child is in hospital, liaison between hospital teaching staff, the appropriate service within Worcestershire Children First and the our school can ensure continuity of provision and consistency of curriculum. It can ensure that the school can make information available about the curriculum and work the child may miss, helping the child to keep up, rather than having to catch up.

A child unable to attend school because of health needs will not, therefore, be removed from the school register without parental consent and certification from the school medical officer. Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their educational progress.

Our school will:

- Work constructively with Worcestershire Children First, other education providers, relevant agencies and parents to ensure the best outcomes for the pupil.
- Share information with the local authority and relevant health services as required.
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully.

When reintegration is anticipated, work with appropriate partners to:

- plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible;
- enable the pupil to stay in touch with school life;
- develop individually tailored reintegration plans for each child returning to school;
- consider whether any reasonable adjustments need to be made.

## Prescribed drugs

“Medicines should only be taken to school or settings when essential: that is where it would be detrimental to a child’s health if the medicine were not administered during the school or setting ‘day’. Schools and settings should only accept medicines that have been prescribed by a doctor, dentist, and nurse prescriber or pharmacist prescriber or where a parent has signed a form of permission. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions for administration”.

The school also asks for the completion of a parent/carer agreement form (see Appendix) which must clearly state the name and form group of the pupil, together with the dose and the time(s) of the day at which it must be taken. Any special conditions for storage of the medicine must also be included. This applies for both prescription and non-prescription drugs.

In the case of Year 5 and 6 pupils, we can only accept medicines brought in by the parent or carer.

Medicines should be given to the Reception Office or the School First Aider direct so that they may be held centrally and not by class teachers. Exceptions to this are inhalers for asthma and glucose tablets or gel for diabetics which should be kept with the pupil at all times.



Medicines can only be accepted in relatively small quantities.

The school has its own salbutamol inhaler for emergency use only. This may apply when the pupil's own inhaler is lost, out-of-date or broken. Consent for this is obtained from the parent or carer for diagnosed asthmatics.

### **Asthma Treatment and Inhalers**

Asthma sufferers are permitted to bring their own treatments (inhalers and spacers) to school. Parents/carers will need to complete Prescribed Inhaler Consent form.

The inhalers and spacers will be stored in the first aid room and will be taken out for PE and on school trips.

Asthma treatments are to be administered by the pupil if of an age to do this otherwise the adult First Aider will support giving the necessary dose. After a treatment has been administered, the First Aider will record the dosage given and key details.

Asthma treatments are taken on Educational Visits and 'off site' sporting activities.

Parents are responsible for checking that the treatments are still within their 'Use by dates' and for replenishing them.

### **Epi-pens**

These are stored in rigid containers in a central location. Two epi-pens per pupil diagnosed with allergy issues are required to be held in school: these are to be named with care plans.

Parents are responsible for checking that the treatments are still within their 'Use by dates' and for replenishing them.

### **Head-Lice**

The school adheres to NHS guidance on this matter. The school asks parents to notify us of any known case so that we can monitor any potential epidemic. Head-lice is very infectious and so when a case is suspected in school contact will be made with parents/carers of that child and cooperation will be sought to have the hair treated as soon as possible. There would be a request for the pupil to be collected from school and for their return to follow once treatment given. This is felt to be the most productive way to manage what can be a very difficult situation.

### **How to deal with blood and body fluids**

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 everyone from the risk of cross infection. In order to minimise 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

- Site Manager/Cleaning staff to be contacted initially so that arrangements can be made to clean the area.
- The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and must follow the **'Initial Clean-Up Procedure'**.
- In the event of a member of cleaning staff not being available gloves, powdered cleaner and cleaning equipment can be found in the cleaning storage cupboard by the first cupboard near the dining hall (keys in the reception office).

## Initial Clean Up Procedure

- Wear 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). A yellow bin is available in the Medical Room.
- Put more absorbent towels over the affected area and then contact the Site Manager/Cleaning Staff for further help.
- The bin liner with the soiled absorbent towels should be tied securely, double bagged and put in the clinical waste bin (yellow) in the Medical Room. This will be emptied regularly.
- Any article of clothing that has been contaminated with the spill should be put in a plastic bag and tied up for the parents/carers to take home.
- The area then needs to be cordoned off with a yellow triangle until cleaned.
- Staff should contact SLT (senior leadership team) for advice or the Site Manager, especially if more urgent care of the child and/or care of the wider school community (in terms of H&S) is required.

## 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. If not available then the gloves 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 placed 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 yellow '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 thoroughly and/or use anti-bacterial hand gel.

## 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.

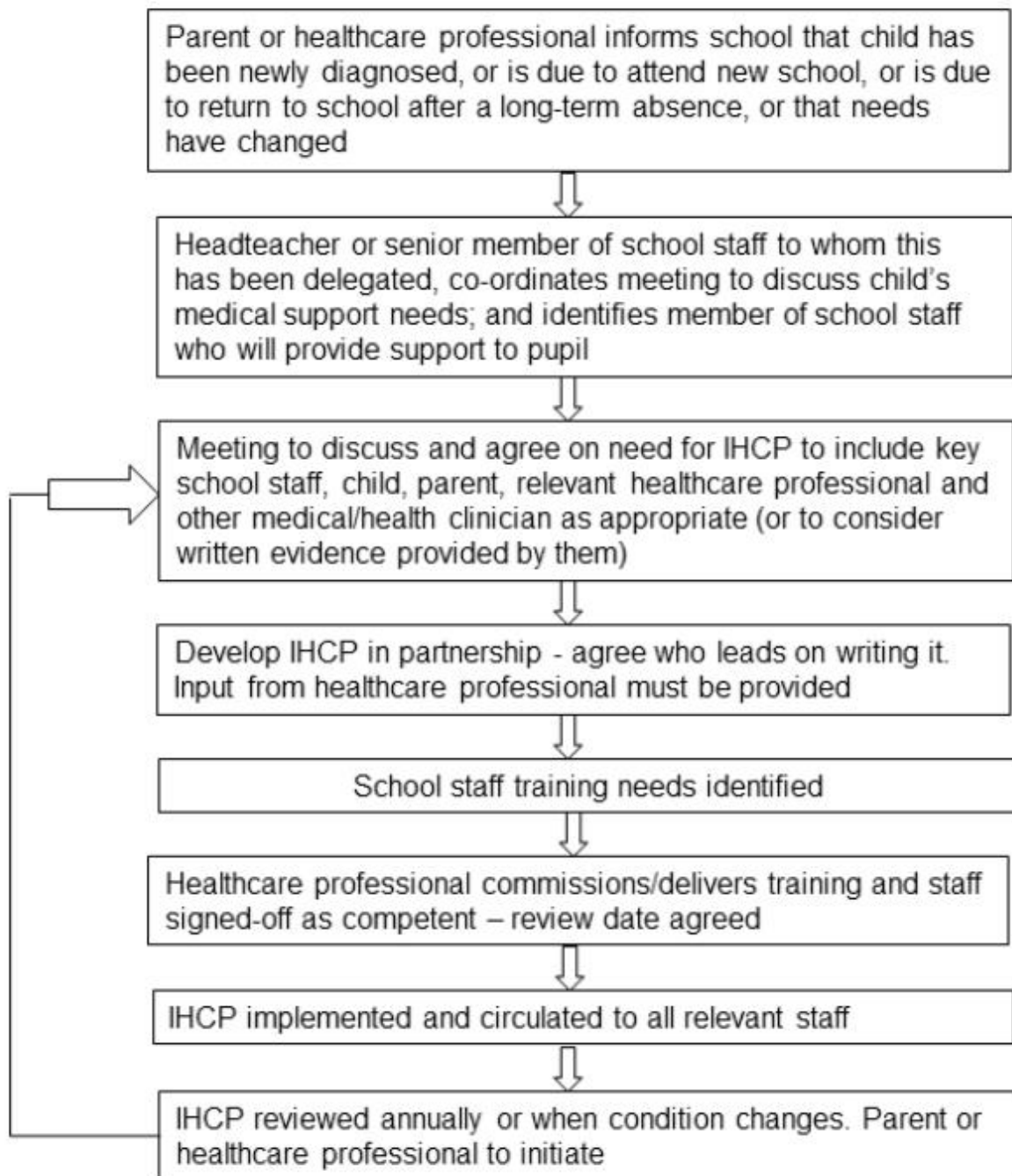
#### Action to take

- 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 Business Manager.
- If necessary take further advice from NHS Direct.
- An accident form will need to be completed and it may need to be reported to RIDDOR.



## Appendix 1

### Process for establishing an individual healthcare plan



## Appendix 2

### Personal Care Plan

Please complete the blue sections on this page and the green sections on page 2.

<b>Pupil's name:</b>			
<b>Date of birth:</b>			
<b>College:</b>		<b>Tutor:</b>	
<b>Medical Condition:</b>			
<b>Pupil's symptoms:</b>			
<b>Care requirements in school:</b>			
<b>If symptoms were severe, what action is to be taken?</b>			
<b>Other considerations:</b>			
<b>Details completed by:</b>		<b>Date:</b>	

We may have your contact details on our computer system, but just in case, please complete the following.

<b>Name of contact 1:</b>			<b>Relationship to pupil:</b>	
<b>Telephone numbers:</b>	<b>Work:</b>		<b>Home:</b>	
				<b>Mobile:</b>
<b>Name of contact 2:</b>				
<b>Telephone numbers:</b>	<b>Work:</b>		<b>Home:</b>	
				<b>Mobile:</b>



Please complete the sections below which apply to the medical condition.

Hospital:		Department:	
Name of consultant / doctor / nurse:		Telephone number:	
GP surgery (include address):			
Name of GP:		Telephone number:	
Diabetes Centre Contact:		Telephone number:	
Other medical provision or service (include address):		Telephone number:	



## Appendix 3

### Parent / Carer agreement for school to administer medicine

The school will not give your child medicine unless you complete this form, and the school has a policy that the staff can administer medicine (<https://www.walkwoodms.worcs.sch.uk/Policies>).

<b>Pupil's name:</b>			
<b>Date of birth:</b>			
<b>College:</b>		<b>Tutor:</b>	
<b>Medical Condition:</b>			
<b>Name/type of medicine</b> (as described on the container):		<b>Dosage and method:</b>	
<b>When to be taken:</b>		<b>Self-administer?</b>	
<b>Possible side effects:</b>			
<b>If symptoms were severe, what action is to be taken?</b>			
<b>Other considerations or precautions:</b>			
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.			
<b>Details completed by:</b>		<b>Date:</b>	

We may have your contact details on our computer system, but just in case, please complete the following.

<b>Name of contact 1:</b>		<b>Relationship to pupil:</b>	
<b>Telephone numbers:</b>	<b>Work:</b>	<b>Home:</b>	<b>Mobile:</b>
<b>Name of contact 2:</b>			
<b>Telephone numbers:</b>	<b>Work:</b>	<b>Home:</b>	<b>Mobile:</b>





## Appendix 4

### First Aiders

The main school first aider is Mrs Kate Middleton.

Other members of staff that are trained in first aid:

Mr Richard Britten

Mr Lee Dawson

Miss Sammi Ellis

Mrs Therese Griffiths

Mr Tom Hill

Mrs Sue Hill

Mr Chris Hunt

Mr Paul Jenkin

Mrs Deb Langstone

Mr Richard Macdonald

Miss Ella McAfee

Mrs Jo McAfee

Mr Phil McHague

Mrs Gemma Mckenna

Miss Sophie McKeon

Mrs Laura Monfardini

Miss Katie Reeves

Mr Harry Sharpe

Mr Simon West

Mrs Heather Wood

Mr Liam Wootton

