



# **13a 13c 13d First Aid Policy, Including Pandemic and Control of Infection Policies**

**INCLUDES EYFS**

<b>Policy History</b>		
Review Date	March 2016	
Review Date	September 2016	
Policy Amended	April 2017	
Review Date	September 2017	MP CW PA
Amended	January 2018	MP TB PA
Date of Next Review	January 2019	

## **FIRST AID POLICY**

### **Aims**

This policy outlines the school's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. We aim to ensure that first aid provision is available at all times while people are on school premises and also off the premises whilst on school trips.

The care extends to first aid provision, the administration of medicines, dealing with asthma and head-lice. Policies to deal with pandemics and control of infections are included at the end of this document.

### **Objectives**

- To give clear structures and guidelines to all staff regarding all areas of first aid and medicines
- To ensure an appropriate number of staff are suitably trained and the designated First Aider in the school is known by all
- To enable staff to know where their responsibilities lie
- To ensure the safe use and storage of medicines in the school
- To ensure the safe administration of medicines in the school
- To ensure good first aid cover is available in the school and on visits

### **Guidelines**

All staff are given access to this policy. Policies are read and discussed as part of staff induction. The policy is regularly reviewed and updated.

### **Training**

All staff are offered regular first aid training and at all times over 70% of the staff are first aid trained. Fully trained first aiders attend retraining courses as required.

Staff receive update training within 3 years as this is a statutory requirement.

### **First Aid Kits**

First aid items are kept in the following areas in the school:

- Pre-Prep Cloakrooms
- Kitchen See Chef
- Office - there are 3 first aid Kits (2 of which are travel kits)
- Science Laboratory
- Year 6 Building
- Food Tech Room
- Main Hall
- Medical Room
- Library/ICT room
- Art Room

The designated First Aider regularly checks and replenishes first aid kits.

## **Parental permission**

Medicines must not be administered unless we have written permission from the parents. The signed permission slips are in the girls' files in the office.

In the event of a child in school with medicines and without written parental permission, we will attempt to gain consent for the administration by telephone. If we are unable to contact parents the medicine will not be administered.

## **Storage and administration of medicine**

No medicines should be kept in the class or the child's possession. All medicines are kept in the fridge or in the cupboard in sick bay, under the responsibility of the office staff. All medicines must be clearly named. Administration of medicine takes place in the first aid bay at the back of the school office. When medicine is administered (usually by the Designated First Aider) a dated entry must be recorded in the first aid log. Before administering medicines staff should read the entry section of the log to check the medicine has not already been administered. Parents are informed of the date and time of the administration of any medicines.

## **Medicines in school**

### ***What can be administered?***

In school we administer calpol and calpol+ medicines which are kept in school for emergencies. We administer medicines for long term conditions with approval from the Headmistress.

### **Prescribed medicines**

If a child is unwell she should not be in school. There are, however, times when a child is recovering but still taking prescription medicines or she may have long-term medical needs. In these cases it may be possible to give doses of PRESCRIPTION MEDICINES, provided that these are brought to the OFFICE each day by a parent or other adult with the prescribed medication labelling and box/bottle or care plan.

In accordance with the revised EYFS Statutory Framework (April 2017) 3.45, prescription 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.) Parents of EYFS children are advised of the medicine given, the dose and time, on the day it was administered.

The medicines will be kept in a locked cupboard (or stored in a fridge) and should be collected each day. This is at the discretion of the Headmistress. Please note that we will not be able to give the medicine unless it is in the original packaging and the prescription labelling and dosage is clear.

### **Anti-histamine**

A fully trained first aider can administer anti-histamine in school. We will administer these as stated or when required.

### **Calpol**

Calpol or calpol+ can be administered in an emergency by a fully trained first aider. A check that permission has been granted will always be made before administering it.

## **Creams**

Staff are not permitted to use any creams on cuts and grazes, only water should be used. We can administer emollient creams (not steroids) for skin conditions e.g. eczema. However, staff must not rub cream into a child's body unless express permission has been given by the parents. Application of these creams must be made under the observation of another adult.

## **Inhalers**

Inhalers for KS2 are kept in the office. Inhalers for EYFS and Pre-Prep are kept in the classroom. Inhalers and Epipens must always be taken to sports afternoons and any off site activity.

## **Other medication for long term conditions**

In the event of long term conditions requiring administration of medication, permission and clear instructions from the parents must be obtained. Administration of medication for certain conditions, e.g. diabetes, epilepsy etc., is only permissible by staff who have received specialist training for that condition and where we have an agreed care plan for the child.

## **Accidents/illness in school**

### **Practical arrangements at point of need**

- If the administration of first aid is required, staff/ pupil should immediately call for/ inform the office. Alternatively if it is safe for the injured person to walk to the office they will be accompanied by another pupil or member of staff.
- The reporting person (form teacher or other adult reporting the injury) will take charge of the situation, summoning a First Aider if needed.
- The levels of injury to be treated on site are those the First Aider has been trained for.
- In an emergency, or an immediate need before a first aider can attend, the member of staff at the scene will ensure that an ambulance is called immediately and parents are informed
- Whilst waiting for the ambulance/parents the reporting person will complete an accident information form which will be given to the parent/ ambulance.
- The reporting member of staff/pupil and the First Aider should record the incident in the first-aid log, and inform the Headmistress of the incident and its outcome. If the incident involves a pupil, the office will ensure that the parent/carer of the pupil is informed, and report it to relevant bodies if necessary
- In the event of any injury or for a sick child the child is given a slip so that staff are aware and the parent/carer is notified. In the event of a serious condition parents are also contacted immediately

During lesson times the teacher decides when a child should be sent to the office because she is unwell/injured.

The pupil is monitored/treated in the office. If deemed really unwell parents are phoned and the child is collected. All pupils who attend the first aid bay are given a slip to explain the reason for the visit and any first aid treatment given. This is shown to the teacher if the child seems well enough to return to the class so that each teacher is alerted to possible relapses or worsening of the condition. The slip is taken home to inform the pupil's parents. The parents of EYFS children are informed on the same day, or as soon as reasonably practicable, by either a member of the office team or by a member of the EYFS staff.

**ANYONE TREATING AN OPEN CUT OR BODILY FLUIDS SHOULD USE RUBBER GLOVES, WEAR AN APRON AND DISPOSE OF THEM AND ANY WASTE BY PLACING THEM IN THE DESIGNATED BIN WITH YELLOW HAZARDOUS WASTE BAGS IN THE FIRST AID BAY .**

This is emptied daily into the yellow 'unspecified clinical waste' bin which is emptied by specialist contractors (PHS) weekly.

Bodily spillage kits are used for larger volumes of such fluids and are disposed of in the same way.

### **Bumped Heads**

Any bumped head, however minor, is treated as serious. Parents are always informed (via a slip being sent home).

### **Vomiting and diarrhoea**

If a child vomits or has diarrhoea in school they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed. The Caretaker will be contacted to clean the affected area.

### **Headlice**

Staff must not touch children or examine them for head-lice. If we suspect a child has head-lice we will inform the parents for them to examine them. When we are informed of a case of head-lice in school we send a standard letter to the class where the case has been identified. The child is sent home to be treated

### **Chicken pox and other diseases, rashes**

If a child is suspected of having chicken pox etc. we will look at their arms and legs. The parents will be informed and asked to seek confirmation from a doctor. The child must stay off school for the recommended period of time.

### **Accident Reporting**

**All accidents at school, however minor, must be recorded on the "Accident, Incident and Illness Register"** situated in the office.

The reporting slips must be given to the student involved and put in their planners for parents to see.

### **Pupils with medical conditions/at risk of anaphylaxis**

All staff must familiarise themselves with children who are prescribed Epipens and have serious medical conditions. A recent photograph of each girl is on display in the Staffroom, together with photographs of all girls with major medical problems. Lists of these girls are distributed at the start of each school term and updated during the year if necessary.

### **Specialist Training**

Relevant and, in some instances, all staff receive training from outside agencies and specialist nurses e.g. for administering Epipens and medication associated with long term conditions such as diabetes and epilepsy. Anaphylaxis training is regularly updated with all staff.

## **OUTINGS**

When planning an outing, staff should include the following equipment on the trip;

- First Aid Box - checked by the staff in the office
- Sick Bags, Wet Wipes, Tissues, Gloves
- Any inhalers, Epipens or prescribed medicines
- Antihistamine
- Calpol, Calpol 6+
- Mobile phone - in case of an emergency
- (See Educational Visits Policy)

## **RESIDENTIAL TRIPS**

On residential trips the safety of the children is paramount. The guidelines in this policy are followed. Epipens and inhalers are always kept with the adult supervising the child along with any other essential information.

Staff on the trips always make the staff at the destination aware of any issues such as those with food allergies and inform their staff about children with inhalers, Epipens or any other important medical issue.

Before all residential trips parents fill out a medical form containing information containing:

- the names and contact numbers to contact if needed in case of emergency
- the details of the child's doctor
- any allergies the child suffers from
- any medication the child is taking
- latest vaccination dates
- any other information which may be useful to staff on the trip such as things the child is frightened of, bedwetting, sleepwalking etc.
- food allergies

All parents are invited to an information meeting for parents a few weeks in advance of the trip. They are made aware who the designated first aider is for the trip and are welcome to speak to them then or are encouraged to make a separate appointment to see them if medication needs to be given.

If a child needs medication on the trip parents are asked to:

- provide the medicine which must be in date and in the original packaging
- provide accurate information about the dosage and how to administer the medicine
- If the dosage is different from the instructions a medical letter will be asked for.

The staff member will in charge of first aid will:

- Ensure that medication is with the member of staff looking after the child who needs it.
- Ensure that children receive their medication.
- Administer any medication in accordance with the instructions provided on the box at the appropriate times
- Keep a record of the times and dates of medicine administered
- Keep a record of any accidents and action taken. They may not have dealt with the incident first hand should the child have been in another group but the other staff should report it for the record.

- Give the record to the office on return should it be required for future
- Fill in an accident report form if any accident is sufficiently serious
- Keep the school (headmistress if out of school hours) informed should a child need to be taken to hospital for further treatment.
- Ensure that the information from the parents is taken with the child should they need to go to hospital

If a child needs to be taken to hospital the activities of the children remaining will be monitored to ensure that ratios are suitable and the children are safe.

## **Epipen Policy**

The school operates a total nut free policy.

Pupils at risk of Anaphylaxis must have at least two named Epipens in school; one is kept in the office, one in their Form Room. Staff need to take 2 Epipens to all activities outside school. The Epipens kept in the Office and the Form Rooms are taken by the PE teacher or supervisor to any off-site sporting activities. For any other off-site activities the member of staff responsible for First Aid on the trip will carry the Epipens from the PE Office and the Office. A red emergency information card and brief instructions for its use will be kept with each pen.

Epipens are prescribed solely for individual use and should not be administered to another girl. **Parents are responsible for making sure that the pens are named and are not out-of-date.**

***Any staff member who is unhappy about administering the Epipen injection must inform the Headmistress at the beginning of each school year.***

Epipens are used to administer emergency first aid treatment for Anaphylactic Shock. The symptoms of this include:-

- |                          |  |
|--------------------------|--|
| 1. Airway Obstructed     | hoarseness<br>wheezing<br>swollen lips/tongue<br>itching sensation in throat |
| <i>and/or</i>            |  |
| 2. Breathing Irregularly | breathlessness<br>noisy breathing<br>unable to communicate verbally          |
| 3. Circulation impaired  | pallor<br>clammy skin<br>rapid or weak pulse<br>may be blue around the mouth |

## **Procedure for using the Epipen**

Once Anaphylactic Shock is identified give **Epipen** injection **IMMEDIATELY**.

***If in any doubt give the injection.***

**The procedure is outlined below. Please see instructions on the Epipens for specific details of that child's Epipen, e.g. colour of the safety cap.**

1. Take emergency card out and send to the office. You will also need to inform the office as to whether the patient is conscious or unconscious. *(When the office receives the emergency card they will immediately telephone for an ambulance stating that a child has collapsed with Anaphylactic shock and is conscious or unconscious.)*
2. Give the injection.  
*It goes into the thigh through clothing.*
  - a) *Pull off the grey safety cap*
  - b) *Hold the Epipen in your fist with clenched fingers wrapped around it (there is nothing to push at the white end)*
  - c) *Press the black tip on thigh at right angle to leg*
  - d) *Push harder into thigh until a loud click is heard. This means that the device has been activated.*
  - e) *Hold in place for 10-15 seconds then discard safely into bag and then record time.*
3. STAY WITH THE CHILD and ensure the airway is clear.
4. Place in recovery position if necessary
5. Administer the second Epipen if the child does not respond or symptoms do not improve within 5 minutes
6. Transfer the child to hospital with the emergency card, used Epipens and details of the time they were administered

### **Calling an Ambulance Procedure**

**If a staff member is in any doubt then an ambulance should be called**

1. When an emergency is notified to the office contact the Ambulance Service – 999 immediately stating the symptoms and whether a child is conscious/unconscious, breathing or not.
2. Inform the Head and parents or emergency contact immediately.
3. Ensure that the member of staff dealing with the issue records the time and any other relevant details to be taken to the hospital.
4. Give this information to the Ambulance staff.

### **RIDDOR**

We have guidance notes from Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Most incidents that happen in school or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR. The information sheet gives us practical guidance about what we need to report and how to do it.

### **Staff Regulations specifically relating to EYFS**

(Taken from the EYFS revised regulations)

(3.19) Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice. Those practitioners must only work directly with children if medical advice confirms that the

medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

**First Aid Trained Staff Members  
(The courses included Anaphylaxis & Epipen Training)**

<b>Forename</b>	<b>Surname</b>	<b>Training Received</b>	<b>Date of Training</b>
Araba	Annobil	Paediatric First Aid (6 hours)	05/09/2016
Carolyn	Antell	Paediatric First Aid (6 hours)	05/09/2016
Kirsten	Archibald	Paediatric First Aid (6 hours)	05/09/2016
Penny	Austin	Paediatric First Aid (6 hours)	05/09/2016
Lizzie	Baggaley	Paediatric First Aid (6 hours)	05/09/2016
Leah	Baker	Paediatric First Aid (2 days)	05-06/09/2016
Susie	Baker	Paediatric First Aid (2 days)	05-06/09/2016
Tracy	Beard	Paediatric First Aid (6 hours)	05/09/2016
Camilla	Buchholtz	Paediatric First Aid (2 days)	22/06/2017
Debbie	Cane	Paediatric First Aid (2 days)	05-06/09/2016
Caroline	Crew	Paediatric First Aid (6 hours)	05/09/2016
Lynn	Curtis	Paediatric First Aid (6 hours)	05/09/2016
Clare	Deen	Paediatric First Aid (6 hours)	05/09/2016
Donata	Diliberto	Paediatric First Aid (2 days)	17-18/07/2017
Melanie	Eaton	Paediatric First Aid (6 hours)	05/09/2016
Natasha	Elstone	Paediatric First Aid (6 hours)	05/09/2016
Cathy	Emerson	Paediatric First Aid (2 days)	05-06/09/2016
Sharon	Garman	Paediatric First Aid (2 days)	05-06/09/2016
Samantha	Hemsworth	Paediatric First Aid (6 hours)	05/09/2016
Linda	Inglis	Paediatric First Aid (2 days)	05-06/09/2016
Lesley	Johnson	Paediatric First Aid (2 days)	05-06/09/2016
Katy	Kelly	Paediatric First Aid (6 hours)	05/09/2016
Christine	Lytle	Paediatric First Aid (6 hours)	05/09/2016
Kate	McGuire	Paediatric First Aid (2 days)	08-09/05/2017
Paul	Owen	Paediatric First Aid (6 hours)	05/09/2016
Michelle	Patrick	Paediatric First Aid (2 days)	06/09/2016
Louise	Portelli	Paediatric First Aid (6 hours)	05/09/2016
Sophie	Robertson	Paediatric First Aid (6 hours)	05/09/2016
Sue	Rondeau-Smith	Paediatric First Aid (6 hours)	05/09/2016
Diane	Scanlon	Paediatric First Aid (2 days)	05-06/09/2016
Julie	Smith	Paediatric First Aid (2 days)	12-13/06/2017
Katie	Smith	Paediatric First Aid (6 hours)	05/09/2016
Chris	Wardle	Paediatric First Aid (6 hours)	05/09/2016
Catherine	Watkins	Paediatric First Aid (2 days)	05-06/09/2016

## **PANDEMIC POLICY (This Policy also includes the EYFS)**

### **Aim of the policy**

To ensure the health and safety of the whole school community in the event of a pandemic and to provide a procedure if a pandemic occurs. Halstead will keep up to date on the effect of a pandemic on schools in the UK by regularly checking the DCFS website at [www.dcsf.gov.uk](http://www.dcsf.gov.uk) and taking advice from educational bodies e.g. IAPS.

Our SCC contact details are:

Surrey County Council  
County Hall  
Room 168  
Kingston upon Thames  
Surrey  
KT1 2DJ

Tel 03456 009009

Fax 020 8541 9503

**In the event of any identified epidemic or pandemic we would seek information from the NHS and give advice accordingly.**

### **NHS 111 – NHS Choices**

#### **General hygiene guidelines**

We advise all members of the school community to:

**Catch it** – germs spread easily. Always use a tissue and use them to catch your cough or sneeze.

**Bin it** – germs can live for several hours on tissues. Dispose of your tissue as soon as possible. Tissues must be put in the bin. Class bins should be placed near the door so the caretakers have easy access to empty them regularly.

**Kill it** – hands can transfer germs to every surface they touch. Clean your hands as soon as you can

## **CONTROL OF INFECTION POLICY (This Policy also includes the EYFS)**

### **Control of Infection: Policy Guidance**

This guidance is applicable to all employees and / or contractors of the school who undertake activities associated with infection control.

To ensure that the school prevents the spread of infection by:-

- Maintaining a clean environment
- Practising good standards of personal hygiene

#### **Guidance:**

The Headmistress, Bursar and Senior First Aider will be responsible for the implementation and review of this guidance.

Good hygiene practice will be followed by all those involved with:

- General cleaning
- Cleaning of blood and body fluid spillages
- Clinical waste
- Laundry
- Use of personal protective equipment

#### **Bites, injuries and sharps:**

- Where skin is broken, make the wound bleed and wash thoroughly with water.
- Report to the School Office for treatment

#### **Animals:**

- Animals can carry infections, so always wash hands after any contact
- When visiting farms check hand washing facilities and ensure that children do not eat or drink whilst touring the farm, or put fingers into mouths etc. Use waterproof plasters to protect any cuts or grazes not covered by clothes

#### **Vulnerable Children:**

- Some medical conditions make children vulnerable to infections that would not normally be serious by reducing immunity. These may include cancers and those on steroids. Such individuals are particularly vulnerable to chickenpox, Parvovirus B19 (slapped cheek) and measles. If they are exposed contact the Senior First Aider immediately.
- Shingles is caused by the same virus as chickenpox and therefore anyone who has not had chickenpox is potentially vulnerable if they have had contact with a case of shingles.
- If in any doubt seek advice from the senior First Aider.

#### **Pregnancy:**

- If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash then the Senior First Aider should be contacted immediately.  
Points to consider include:
  - German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and ante-natal carer immediately.
  - Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child. Any potential exposure should be reported to the ante-natal carer.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Any potential exposure should be reported to the GP and ante-natal carer.

### **Immunisations:**

Immunisation status should always be checked at school entry and at the time of any vaccination. Any immunisations that have been missed should be addressed via the School Office.

### **Legal Requirements & Education Standards**

#### ***References:***

- A: Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 ([www.isi.net](http://www.isi.net))
- B: Health and Safety Executive, ([www.hse.gov.uk/](http://www.hse.gov.uk/))
- C: ["Health and Safety at Work" Section H of the ISBA Model Staff Handbook,](#)
- D: ["Health and Safety and Welfare at Work" Chapter N of the ISBA Bursar's Guide](#)
- E: ["Insurance" Chapter K of the Bursar's Guide by HSBC Insurance Brokers Ltd](#)
- F: Vaccines, diseases and immunisations ([www.immunisation.nhs.uk](http://www.immunisation.nhs.uk))
- G: Department for Health ([www.dh.gov.uk](http://www.dh.gov.uk))

Ratified by  
On behalf of the Governing Body

Date: