



Moorlands School

MEDICAL AND FIRST AID POLICY

This policy applies to all pupils, including those in the EYFS

The Health and Safety at Work Act (1974) places duties on employers for the health and safety of everyone on the premises.

This policy should be read in conjunction with the schools' Health, Safety and Welfare policies, including that for child welfare.

Separate policies are also in place in relation to: Anaphylaxis, Asthma, Diabetes, Epilepsy and Head Injury.

Aims

- To provide good first aid care to pupils, staff and visitors on the premises
- To promote their safety and well-being

Objectives

- To provide adequate first aid cover on the school premises, within the competence of the staff trained to provide it.
- To take appropriate action where further treatment or advice is needed.
- To inform parents, staff and other appropriate persons of action taken.
- To ensure the confidential recording of treatment given and action taken.

The School will therefore provide

- An adequate number of staff with First Aid and Paediatric First Aid Qualifications. At least one qualified person will be onsite when children are present.
- Training in First Aid for all PE and Games teachers and staff supervising expeditions
- Training for a sufficient number of staff in paediatric first aid
- Facilities for the provision of First Aid, including, a dedicated space to deal with medical needs, First Aid bags and boxes strategically placed around the premises.
- Clearly visible information, in the staff room, about pupils with medical conditions that require urgent attention. EpiPens and inhalers are kept in clear, marked bags attached to individual children's information in the staff room.
- Information regarding pupil dietary needs, both for intolerances and allergies, is clearly communicated to staff and displayed in the school kitchen
- Facilities to enable staff to summon assistance in case of an accident.
- Accessibility to pupils' contact details in case of an accident.
- First aid boxes are placed in all the areas of the school where an accident is considered possible or likely (such as the Sports Hall). We always take first aid boxes with us when groups of pupils go out of school on organised trips or to participate in sporting events. EpiPens and asthma inhalers, for those children who require them, will also be taken on all school trips.

All new pupils (and staff) are given information on where to go for help in the event of an accident as part of their induction into the school. There are first aid notices around the school.

The recording of medical information:

- School carries out a data check with all parents at the start of each academic year and a second round on the non-returns at a later date. This check asks for relevant information on the wide variety of medical conditions and stores the information on the School Database¹.
- In order to communicate this sensitive information, a Personal Health Needs list is sent to each teacher at the start of the year. This list is confidential; relevant information should be recorded discreetly and then the hard copy destroyed.
- Where a medical condition presents for the first time during the school year the relevant information is gathered by the school office and then communicated to all relevant parties. They should be used to assist in an emergency or otherwise urgent situation only.

Written records are kept of all medicines administered to the children

Procedures for the care of ill or injured children in school:

Action is taken in line with First Aid principles and the School's procedures. First Aid principles are to preserve life, to limit worsening of the condition and to promote recovery.

The school will ensure that any animals on the premises are safe to be in the proximity of children and do not pose a health risk.

- **In an emergency situation:** pupils and/or staff will call for assistance as necessary (for EYFS a Paediatric first aider and the Head of Early Years. For Key Stage 1 and above a qualified first aider should be consulted and a member of SMT.). Immediate contact should then be made with the emergency services by the senior member of staff concerned.

Some members of the teaching and support staff will have the qualifications and confidence to administer the necessary first aid in these circumstances. This training is updated every 3 years. (Note that these are listed below in appendix 2).

If a child has an anaphylactic reaction and has an EpiPen in school, the EpiPen will be administered by a trained member of staff and an ambulance summoned immediately.

- **If a pupil is ill or injured at school:** he/she should inform his/her Form teacher. If this happens whilst he/she is not in class, the pupil should inform the nearest member of staff and if this is not possible they should go to the School Office where appropriate treatment will be given or help summoned. The Form Teacher should always be made aware of the illness or injury of any members of their class.

Medicines will not be administered to any pupil without written permission for each and every medicine (prescription and non-prescription) from parents; this must be done by

¹ It is at this time that emergency contact numbers are requested.

completing a School Medicine Record, available from the front reception desk, the school website or EYFS. Parents will then be informed about all medicines administered. In exceptional cases, verbal permission may be given for the administration of Calpol and a form retrospectively signed by the parent.

Medicines are handed into the school office first thing in the morning and stored safely and in strict accordance with product instructions (a refrigerator is available in the staff room if required). They are to be in their original container in which they were dispensed. They will include the prescriber's instructions for administration. A record is kept in the file in the department.

- **In a case, less urgent than an emergency, where hospital examination is thought to be appropriate:** arrangements will be made with parents to transport the pupil to hospital. If this can't be done, then an ambulance will be called.
- We do not have facilities to keep pupils in the Medical Space if they are unwell, nor is it appropriate for them to spend long periods of time in there.

If a pupil is not fit to return to lessons within a relatively short period of time, their parents will be contacted and asked to collect him/her. This decision is taken by the first aider who has attended, after consultation with a member of SMT. The pupil's Form Teacher will then be informed, in consultation with the School Office staff.

In any situation where a pupil's injury or illness requires hospital examination and/or treatment an Accident Report Form² should be completed by the member of staff who was responsible for the pupil at the time of the injury. (Not just for bleeding or when hospital examination is required). For a head injury a separate form should always be completed (These are also located in the staffroom). The member of staff or School Secretary should then inform the parents of that child of any first aid treatment given.

An Accident Form should be completed whenever it has been necessary for a member of staff to treat for bleeding or a head injury³ and the Form teacher must be informed.

If it has any reason to believe that a child is suffering from a noticeable disease, identified as such in the Public Health (Infectious Diseases) Regulations 1988, and act on any advice given by the Health Protection Agency and inform OFSTED of any action taken.

Of any incidents in connection with medicines and of any serious accident, illness or serious injury to, or death of, any child whilst at school, and action taken in respect of it. (See Accident and High Risk Report Form). This will be as soon as reasonably practicable, and in line with RIDDOR requirements.

Action will be taken in respect of any food poisoning affecting 2 or more children. This will be as soon as reasonably practicable, within 14 days.

The school will inform the local child protection agencies of any serious accident, illness or serious injury to, or death of, any child whilst at school, and act on any advice given.

² See attached Appendix 3

³ See Appendix 4: Dealing with Bleeding

Procedures for children with special medical needs:

- Where children have special medical needs the Headteacher will decide whether School can assist when parents apply for a place.
- Parents remain responsible for their children's medication and many pupils with long term medical conditions will not require medication during school hours.
- A child should never be given medicines containing aspirin unless it has been prescribed for that child by a doctor.
- Arrangements will be made between the relevant staff, the pupil and their parents, to provide the proper care and support (including epilepsy, asthma and diabetes).

School staff will not be asked to administer medication without first receiving appropriate information and/or training. Staff involved directly with children who have need for an EpiPen as a result of their potential for anaphylactic reaction, will be trained every two years.

- The details of each child who has such a need are displayed in the staff room and the medication is also kept in there.
- Medical dietary needs (allergies and intolerances) are clearly displayed in the kitchen food preparation area
- It is the responsibility of staff in charge of activities and trips away from school to gather such information from the members of the party, well in advance⁴.
- Where a condition is new to our experience, School will seek the necessary advice from the pupil's parents, their GP and any additional medical agency, as appropriate.
- Where a pupil needs to bring medication to school to address a short term and less significant illness, the medication should be delivered to the member of admin staff on the front desk in a properly labelled container with a signed School Medicine Form. The form will then be passed on to the class teacher with the medication. The pupils can then collect and take the medication, under the supervision of the class teacher, at the appropriate time and place in the day.

⁴ We expect parents to inform us of particular conditions although there is no guarantee of this.

Appendix 1

FIRST AID CONTAINERS: CHECKLIST, LOCATION, RESPONSIBILITIES

All first-aid containers must be marked with a white cross on a green background.

Contents of a first-aid container

The HSE recommend that a **minimum** provision of first aid items would be:

- A leaflet giving general advice on first aid. (1)
- 20 individually wrapped sterile adhesive dressings (assorted sizes). (6)
- Two sterile eye pads. (2)
- Four individually wrapped triangular bandages (preferably sterile). (2)
- Six safety pins. (2)
- Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings. (3)
- Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings. (1)
- One pair of disposable gloves. (1)

These procedures identify the person responsible for examining the contents of each first-aid container. These should be checked frequently and restocked as soon as possible after use.

The central stock of replacement items is held in the Staff Room and the person responsible for the container⁵ should make the necessary arrangements with the staff in the School Office to replenish stocks as necessary and to check the condition of the stocks at regular intervals⁶.

Contents of a Travelling first-aid container

The HSE recommend that a minimum stock of first-aid items is:

- Individually wrapped moist cleansing wipes.
- Quantities of other items as indicated in the brackets above.

Equivalent or additional items are acceptable.

Additional items may be necessary for specialised activities.

Contents of a Minibus first-aid container

- Ten antiseptic wipes, foil packaged.
- One conforming disposable bandage (not less than 7.5 cms wide).
- Two triangular bandages.
- One packet of 24 assorted adhesive dressings.
- Three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm).
- Two sterile eye pads, with attachments.

⁵ See next page of Appendix 1

⁶ At the end of every half term is suggested.

FIRST AID LOCATIONS AND RESPONSIBILITIES

Location	No of containers	Staff responsible
Nursery cloakroom	1	N Rivers
Staffroom	1	N Rivers
Medical room	1	N Rivers
Minibus	1	N Rivers
Kitchen	1	N Rivers
Swimming Pool	1	N Rivers
Office	1	N Rivers
Gym	1	N Rivers
'Purple' bag for trips and visits (School Office)	1	N Rivers

Appendix 2

September 2019

First Aiders

Name	Course	Expiry
Jenny Meachin	Paediatric First Aid	Sept 22
Wendy Cooper	Emergency First Aid at Work Paediatric First Aid - First on Scene	Nov 20
Natalie Rivers	Emergency First Aid at Work and Paediatric First Aid	July 20
Saffron Young	Paediatric First Aid RLSS Rescue Test	Nov 22 Sept 21
Sarah Bradbury	Paediatric First Aid - First on Scene	Nov 20
Lauren Hines	Paediatric First Aid - Gem Compliance Training	May 20
Sharon Wheelhouse	First Aid for Teachers	April 20
Lesley Haslem	First Aid for Teachers	April 20
Kate Matthews	First Aid for Teachers	April 20
Katy Doherty	First Aid for Teachers	April 20
Debbie McFarlane	First Aid for Teachers	April 20
Stephanie Hill	First Aid for Teachers	April 20
Zaria Parton	First Aid for Teachers	April 20
Shindo Mold	First Aid for Teachers	April 20
Laura Grayson	RLSS Rescue Test First Aid For Teachers	Sept 21 April 20
Kate Matthews	First Aid For Teachers	April 20
Lesley Haslem	First Aid For Teachers	April 20
Jacky Atkinson	Emergency First Aid at Work	Aug 21
Katie Boothroyd	RLSS Rescue Test	Sept 21



**Accident
and
High Risk
Report Form**

Date of accident or high risk occurrence: _____ **Time:** _____

Activity: _____

Person i/c: _____ **Location** _____

Name(s) of injured person(s) _____ **Form** _____
(if applicable)

Details of accident or nature of the high risk : (continue on the reverse of this sheet if necessary)

Witnesses _____

Action Taken (inc. parents informed, how)

Recommended further action with injured party:

Recommended action to adjust school policy or facilities to reduce the risk:

Name and signature of person reporting the accident:

Date _____

Name _____ (block capitals)

Signature _____

The original of this Report Form **must** be placed in the School Office and a copy should be sent **immediately** to the Headteacher and Deputy Head.

Appendix 3

How to Prevent against Cross Infection

- Wash your hands before and after treating a casualty;
- ***Wear disposable latex-free gloves during any treatment. Gloves are available in each of the First Aid containers⁷***
- Avoid touching the wound or the part of the dressing that will come into contact with the wound.

There is a risk that blood borne viruses⁸ may be spread by blood to blood contact. These can only be spread if infected blood makes contact with the blood or blood products of another person⁹.

To prevent against this cross infection:

- Cover your own sores or skin wounds with a waterproof plaster;
- Use the latex gloves if they are available;
- Where gloves are not available either:
 - Ask the casualty to dress his or her own wound
 - Enclose your hands in a clean plastic bag or cling film
 - Dress the wound and then wash your hands immediately and thoroughly
- Take great care not to prick or cut yourself on any needles or other sharp objects near the casualty;
- Where your eyes, nose, mouth or any wound is splashed by the casualty's blood, wash thoroughly as soon as is possible;
- Use a mask or face shield for mouth to mouth ventilation if the casualty's mouth or nose is bleeding;
- Dispose of the blood and waste materials safely immediately after treatment is complete¹⁰
If after giving first aid, you are concerned that you may have been in contact with infection of any sort, seek further medical advice.

⁷ Central supplies are available from the school office.

⁸ This would include Hepatitis B or C and HIV

⁹ There is no evidence of either Hepatitis or HIV being passed during mouth to mouth resuscitation.

¹⁰ See appendix 4: Dealing with Blood

Appendix 4

Dealing with Bleeding

Wash your hands thoroughly and put on disposable gloves, if available;

Where there is bleeding from the mouth and the casualty requires resuscitation, face masks are available from the first aid boxes.

A dirty wound should be rinsed and wiped under running water, then dabbed and covered with a sterile gauze;

Elevate the wound above the level of the heart¹¹ and support with your other hand;

Clean the surrounding area with soap and water, pat dry;

Remove the sterile gauze and apply an adhesive dressing;

Where the bleeding is more severe there may not be the time to follow the anti-infection procedures.

Cover the wound and immediately apply pressure with your fingers or palm of your hand;

Raise and support the injury above the level of the casualty's heart. Handle the injury gently if you have any suspicion of a fracture;

Apply a sterile dressing over any original pad and a second bandage on top if the blood starts to seep through;

Call for an ambulance as necessary, treat for shock and monitor the casualty as you wait;

Students who have been in the vaccination programme will not need a tetanus injection.

An Accident Report Form should be completed whenever a member of staff has had to deal with a blood injury.

¹¹ If necessary, lay the patient down.

Cleaning up after Blood Injuries

It is important to clean up as soon as possible after treating a casualty. Continue to wear the disposable gloves;

An appropriate chemical cleaner is available from the caretaker.

An appropriate container for any sharp objects associated with the injury is available from the same places.

All soiled dressings and materials, including the gloves should be disposed of appropriately, in a suitably marked and sealed bag.

Cleaning up Spillages of Bodily Fluids

It is important to clean up as soon as possible.

The area must be cordoned off.

Continue to wear disposable gloves, as well as covering exposed parts of arms, mouth, nose and eyes.

An appropriate chemical cleaner is available from the caretaker.

Dispose of all contaminated materials, including the gloves in accordance with the Safe Working Procedure.

Follow good personal hygiene practices when finished. Wash hands and forearms thoroughly.

Make sure parents/guardians are informed if required.

Inform School's Health and Safety Executive (RIDDOR) if the quantity of spillage is significant and poses a potential risk health to others - The Bursar

Appendix 5



Head: Miss J Atkinson GMus(Hons), PGCE, MEd
Moorlands School, Foxhill Drive, Weetwood Lane, Leeds, LS16 5PF
Tel: 0113 278 5286
Email: info@moorlands-school.co.uk
Website: www.moorlands-school.co.uk

School Medicine Record

This form is for parents or guardians to complete if they wish the school to administer medication on their behalf

Child's Name	
Class	
Name of Medicine:	
For the treatment of:	
Details on how much to give and how often:	
Any other instructions. <i>Including storage requirements or details for inhalers.</i> Any cautionary advice:	
Contact phone numbers of parents or guardians for use in an emergency:	
Name and telephone number of family doctor:	
I give permission for the staff to administer the specified dose of the above medicine to the child named on this form and I hereby confirm that any prescription medicine has been prescribed by a doctor, dentist, nurse or pharmacist.	
Parents signature	
Date	
Form checked by	

Medicine required to be administered: Mon: <input type="checkbox"/> Tues: <input type="checkbox"/> Weds: <input type="checkbox"/> Thurs: <input type="checkbox"/> Fri: <input type="checkbox"/>
Medicine given: Mon: <input type="checkbox"/> Tues: <input type="checkbox"/> Weds: <input type="checkbox"/> Thurs: <input type="checkbox"/> Fri: <input type="checkbox"/>

Author: Vanessa Bates

Position: Bursar

Date: March 2016

Reviewed: September 2017 (J. Atkinson)

Reviewed: September 2018, 2019

Review: September 2020