



# St Martin's School

N O R T H W O O D

## **13a First Aid Policy**

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To be reviewed by: Bursar



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## Whole School Policy including EYFS

Health and Safety legislation places duties on employers to protect the health and safety of their employees and visitors to the premises. In schools this includes the teachers, support staff, pupils, and visitors, including contractors. The school will make arrangements for first aid, based on a risk assessment of the school as detailed in the Health and Safety manual. The school acknowledges the importance of managing pupils health effectively in maximising the learning process

The aim of this policy is to:

- Ensure that the school has adequate, safe and effective first aid provision so every pupil, member of staff and visitor is well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

The Head is responsible for implementing the policy, developing detailed procedures and ensuring that parents are aware of the school's arrangements for first aid. This is made available to all parents via the parents' handbook available on the website.

Wherever this policy or related documentation refers to 'parent' or 'parents' this is deemed to include any guardian or person with caring responsibility.

## Facilities and Personnel

The medical room is situated adjacent to the Headmaster's office and is staffed by the school's appointed first aiders Monday to Friday term time from 8.00am – 4:30pm. From 4:30pm – 6pm first aid is provided by office staff and After School Club and Late Stay Staff.

At least one qualified first aider must be on the premises at all times when children are present. There must be at least one qualified first aider to accompany boys on outings.

First aid training is the responsibility of the medical room staff and must be approved by the Local Authority and consistent with guidance set out in the Practice. First aid training will be refreshed every 3 years. A full list of qualified first aiders can be found in Appendix 6 and Teams>>First Aid>>Health and Safety>>First Aid>>First Aiders with Expiry Dates

The school will ensure that all relevant training needed to care for boys with specific medical needs will be provided, including administration of medication.

## First Aid Equipment

The school has the following first aid equipment:

- First Aid Kits
- Emergency Adrenaline Auto Injectors (AAI's)
- Emergency Asthma Inhalers
- Automated External Defibrillator (AED's)



It is the responsibility of the Medical Room staff to check and replenish all the above equipment at the beginning of each term. See Appendices 1 & 2 for Content and Locations.

#### Procedures in the event of accident or illness

Children should be kept at home if they are ill or infectious and parents should contact the school every day that a pupil is absent. If a child is vomiting or has diarrhoea they must be kept at home for **48 hours after their symptoms have stopped** and they are well enough to return to school to prevent any infection spreading. For a full list of medical exclusions see Appendix 5.

For minor day to day injuries boys should be accompanied by another pupil or a member of staff to the medical room. In the event of the casualty not being able to get to the medical room a member of staff should phone the medical room (ext. 228) or the office (ext. 221) and a first aider will attend the casualty. The first aid room is equipped with a radio which should be carried whenever the first aider is away from the medical room. First aid staff can also be reached by Teams.

Parents will be contacted where relevant/appropriate if an accident/injury has occurred to their child.

In the event of a head injury occurring at school, a note will be sent to parents advising them what has happened to ensure that they monitor the situation and seek medical assistance if appropriate.

In the event of a serious casualty or anaphylaxis the Emergency Services will be called immediately and parents as soon as practicable. The use of 112 via a mobile phone will enable emergency services to be called directly from any location. The casualty will be accompanied to hospital by a parent or member of staff if parent not contactable.

Parents will be requested to give their consent for their son to receive, on the advice of qualified medical opinion, emergency medical treatment, including dental treatment, general anaesthetic and surgical procedure under NHS if the school is unable to contact parent.

If a child is unwell with high temperature/acute pain like tooth pain, it may be appropriate for the school to administer a mild analgesic. The school keeps its own supply of Paracetamol/Calpol and Antihistamine for administration to students in an emergency. Written permission will be sought from a parent at the start of the school year and parent/carer must certify that the medicine has been administered without adverse effect to the child in the past. Verbal parental consent will be gained during the day to administer the above-mentioned medicines and if parent/carer cannot be contacted then it cannot be administered.

If a boy is too ill to stay at school the parents will be contacted to collect them. In the event that parents cannot be contacted, the child will be kept at school in the medical room until the end of the day.

#### Incident Reporting

The following records will be controlled and kept strictly confidential by the medical room staff:

- Incident Record - detailing any injury, however minor, requiring treatment and action taken.
- Medication Record - detailing all medication administered in school.
- Asthma Record - detailing all inhaler usage in school.

Minor injuries are recorded in EYFS in a First Aid Book/ Register. The school will inform all parents of any accident, injury to or first aid treatment provided to EYFS pupils on the same day or as soon as reasonably practicable.



In the event of a serious accident an Accident Report Form should be completed as soon as possible.

The school must notify local child protection agencies of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given.

Where an accident is required to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, this will be carried out by the First Aid staff with assistance from the School Health and Safety consultant if required. Guidance from the Health and Safety Executive Education Sheet Number 1 'Reporting School Accidents' will be sought when such a situation arises.

In the event of a pupil or member of staff suffering from a notifiable infectious disease, a member of the first aid staff will contact the Hillingdon School Nurses and seek their advice on procedure and reporting.

Please also refer to the 'Managing Communicable Diseases including pandemics' policy and any Department of Education or Public Health Executive guidance that may be in place.

### Administering of Medicines

Children should not be sent to school unless fit and well. However, the School will arrange the administration of medication to aid recovery from illness or to maintain health. No medication should be administered without written consent from the parent and only when there is a health reason to do so.

Medication will only be administered during school hours when necessary, and the medication cannot be given before/after school.

A written record will be kept of all medicines administered to children, including date, time, dosage, and name of the member of staff who administers the medicine.

Medication for pupils with specific medical conditions, as detailed in a Treatment Plan, will be kept securely in the medical room. Also the medical room will keep a small stock of Paracetamol/Calpol and Antihistamine for pupil use only in case of an emergency as detailed above.

All medication should be stored strictly in accordance with their product instructions, in their original container, with the dispensers label and should be clearly labelled with the child's name.

Medication for boys in EYFS will be kept securely in the Pre-prep staffroom

### Specific Individual Medical Conditions

For children with specific medical needs it is the responsibility of the parents to notify the school and provide a Treatment Plan and any relevant medication at the beginning of the school year. This will cover such conditions as asthma, allergies, diabetes, epilepsy, etc.

See Appendices 3 & 4 for guidance on Asthma and Allergies

### Administration of emergency medication such as AAls and inhalers.

Emergency medication may only be used where a pupil has already been diagnosed with a medical condition, i.e. allergies, asthma, and for some reason their school medication is not available or usable. When administering emergency medication, it must be ensured that only medication of the same dosage and brand as that prescribed is used. Parents must also have given written consent.



### Offsite Activities, Trips and Sporting Fixtures

The school will ensure that a sufficient number of first aid kits are taken on any activities off site and that there is a qualified first aider present.

The school will also ensure that all medication for children with specific medical conditions is taken to all activities off site.

### Out of School Hours Arrangements

After School Care staff and the Office staff will provide first aid cover after normal school hours. During the holiday Site staff, Activity staff or Office staff will provide first aid cover as required.

The School phone system can be used from any location to dial 112 or 999 in an emergency. 112 may also be used from any mobile phone.

### Hygiene and Infection Control

The School will promote the good health of the children, take necessary steps to prevent the spread of infection and take appropriate action when they are ill. The school will adhere to the guidelines set out by Public Health England advising hand washing, immunisation, prompt exclusion of pupils and staff with infectious diseases and an overall clean environment.

### Body Fluids

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE.

Spillages should be cleaned using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.

### Waste Disposal

The quantity of Medical Waste (Swabs etc) from the School is very small. There is a medical waste disposal bin located in the First Aid room for this purpose which is emptied on a regular basis.

### Immunisation

The NHS Immunisation Team will administer routine boosters to consented children and any new vaccines recommended by The Health Protection Agency in conjunction with government directives.

## APPENDIX 1 – First Aid Kit Contents

Contents of First Aid Kits, compliant with DfE guidance, contain as a minimum :

- A leaflet giving general advice on first aid
- An assortment of individually wrapped sterile adhesive dressings
- Assortment of plasters
- Alcohol free wipes
- 2 x sterile eye pads
- 4 individually wrapped triangular bandages
- 6 x safety pins
- 6 x (12cm x 12cm) individually wrapped sterile unmedicated wound dressings
- 2 x (18cm x 18cm) individually wrapped sterile unmedicated wound dressings
- Disposable gloves
- 2 x instant ice packs
- 4 x disposable thermometers
- 4 x tubes of sterile water
- 2 x foil emergency blankets
- 1 pair of scissors
- 1 x breathing mask with one-way valve

## APPENDIX 2 – Location of First Aid Boxes

### Location of First Aid Boxes:

- After School Care Main School
- After School Care Pre-Prep
- Nursery
- Dining room
- Art Room
- Grounds Men's Hut
- Nursery
- Kitchen
- Maintenance Hut
- Medical Room
- Minibuses x 3
- Nature Reserve
- Pre-prep staffroom
- Room 16 (Cookery Room)
- Science Labs x 2
- Sports Hall Office
- Sports Pavilion
- Swimming Pool
- Woodroffe Centre, 1<sup>st</sup> floor landing

### Location of Emergency Asthma Inhaler Kits:

- Medical Room
- Pavilion
- Pre-prep staffroom
- Outside room 6/ Art room entrance

### Location of Emergency Adrenaline auto injectors:

- Medical Room

### Location of Emergency Defibrillator Kits:

- Medical Room
- Pavilion



## APPENDIX 3 – Asthma Guidance

### Parents are required to:

- inform the school if their son has a diagnosis of asthma
- inform the school if there is any change in their son's condition
- provide an Asthma Action Plan provided by the Dr/hospital treating the asthma detailing the procedure required in an emergency
- provide all necessary prescribed medication as outlined on the Asthma Action Plan, ensuring it is within date and clearly named, also a spacer suitable for their age group
- complete a School Asthma Card detailing the treatment plan for their child

### The School will:

- keep a register of all the boys who have asthma and the type of inhaler they use.
- ensure that inhalers are all clearly labelled with the boy's name and are kept readily accessible, with the school asthma card.
- ensure that inhalers and spacers are taken on any activity off site
- keep a record of boys who use their inhalers, recording the date, time and number of 'puffs'.
- ensure that the 'use by' date of the stored inhalers is logged and parents are informed in good time when new medication is required
- if a boy has an asthma attack, child's treatment plan is followed while seeking further help as needed (including calling an ambulance) and contacting parents. Ensure that the procedure to be adopted in the event of an asthma attack is clearly understood and that the location and operation of an inhaler is also understood by School Staff.

Boys from year 6 upwards may also keep an inhaler and spacer with them but a spare inhaler with a spacer must also be kept in the First Aid Room. Any self-administering should still be reported to the medical room.

The School has a number of emergency inhalers located in the Medical Room and around the school (see Appendix 2).

The emergency inhaler should only be used by those pupils diagnosed with asthma and whose prescribed inhaler is not available or usable.

Parents/Guardians must complete and sign the Use of Emergency Salbutamol Inhaler consent form.

## APPENDIX 4 – Allergies Guidance

### **Parents are required to:**

- inform the school if their son has been diagnosed with an allergy
- inform the school if there is any change in their son's condition
- provide a copy of Treatment Plan issued by the Dr/hospital treating the allergy detailing the procedure required in an emergency
- provide all necessary prescribed medication as outlined on the Treatment Plan, ensuring it is within date, and clearly named

### **The School will:**

- keep a register of all the boys who have an allergy and medication prescribed
- ensure that all medication is clearly labelled with the boy's name and is kept readily accessible
- ensure that all medication is taken on any activity off site
- ensure that the 'use by' date of the stored medication is logged and parents are informed in good time when new medication is required
- the Treatment Plan will be followed in the event of a boy having an allergic reaction. If an Adrenaline Auto Injector (AAI) is used for treatment for anaphylactic shock an ambulance and the parents will be called.
- ensure that the Kitchen Staff are aware of pupils who have allergies and the foods involved.
- ensure that the procedure to be adopted in the event of anaphylactic shock is clearly understood by School Staff.
- ensure that the location and operation of an AAI is understood by all First Aid trained staff

The School has emergency AAIs which are kept in the Medical Room.

The emergency AAI should only be used on pupils diagnosed with an allergy and whose prescribed AAI is not available or usable.

Parents/Guardians must complete and sign the Use of Emergency AAI consent form.

**APPENDIX 5 – Exclusions Table**

<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Athlete's foot	None	Not a serious condition, although treatment is recommended.
Chicken pox	5 days from onset of rash and all lesions have crusted over.	
Cold sores	None	Generally mild condition which heals without treatment. Avoid contact.
Conjunctivitis	None	If an outbreak or cluster occurs consult your local HPT
COVID-19*	As long as temperature persists up to 5 days	Review up to date guidance as it changes
Diarrhoea and vomiting	48 hours after last symptom or episode	
Flu	Until recovered	Report outbreaks to local HPT
Glandular fever	None	
Hand foot and mouth	None	Contact local HPT if large number of children are affected.
Head lice	None	Treatment recommended only when live lice are visible
Hepatitis A*	7 days after onset of jaundice	
Hepatitis B*, C*, HIV	None	
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces infectious period
Measles*	4 days from onset of rash	Pregnant staff should seek prompt advice from a health professional
Meningococcal meningitis*/ septicaemia*	Until recovered	
Meningitis* due to other bacteria	Until recovered	
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings need not be excluded



MRSA	None	
Mumps*	5 days after onset of swelling	
Ringworm	Not usually required	Treatment required
Rubella (German measles)	5 days from onset of rash	Pregnant staff should seek prompt advice from a health professional
<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Scarlet fever*	24 hours after antibiotic treatment has been completed	
Scabies	After treatment has been carried out	Household and close contacts will also require treatment
Slapped cheek/ Fifth disease/Parvo virus B19	None	Once rash has developed, no longer infectious. Pregnant staff should seek prompt advice from a health professional
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	
Tuberculosis (TB)	2 weeks after treatment, if well enough and have responded to anti-TB therapy	Only pulmonary (lung) TB is infectious to others
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms, changing rooms etc
Whooping cough*	2 days from starting antibiotic treatment	

\*denotes a notifiable disease.

**APPENDIX 6 – Qualified First Aiders**

Jane	Anderson	Pre-Prep	Paediatric First Aid	20/04/2021	19/04/2024
Donna	Anderson	MSA/After School Care	Paediatric First Aid	19/04/2022	18/04/2025
Anne	Arnold	Nursery/After School Care	Paediatric First Aid	22/11/2019	21/11/2022
Sarah	Barber	Admin	First Aid at work	13/08/2019	12/08/2022
Sarah	Barber	Admin	Paediatric First Aid	22/11/2019	21/11/2022
Matt	Bell	PE & Main School	Paediatric First Aid	20/04/2021	19/04/2024
Kirsten	Bleazard	Pre-Prep	Paediatric First Aid	22/11/2019	21/11/2022
Charlie	Bowskill	PE & Main School	Paediatric First Aid	20/04/2021	19/04/2024
Sophie	Browne	Pre-Prep	Paediatric First Aid	07/01/2020	06/01/2023
Cathy	Carter	Junior School Teaching	Paediatric First Aid	15/11/2019	14/11/2022
Ellie	Crook	Pre-Prep/After School Care	Paediatric First Aid	20/04/2021	19/04/2024
Joe	Curran	PE	Paediatric First Aid	19/04/2021	18/04/2024
Lorraine	D'Urso	Admin	Paediatric First Aid	20/04/2021	19/04/2024
Sam	Routledge	Junior School Teaching	Paediatric First Aid	22/11/2019	21/11/2022
Natalie	Findlay	TA - Pastoral	Paediatric First Aid	19/04/2022	18/04/2025
Emma	Foreman	Pre-Prep	Paediatric First Aid	20/04/2021	19/04/2024
Victoria	Halligan	MSA	Paediatric First Aid	19/04/2022	18/04/2025
Zainab	Jaffer	After School Care	Paediatric First Aid	20/04/2021	19/04/2024
Susan	King	MSA	First Aid at Work	03/09/2021	02/09/2024
Alice	Leitao	PE	Paediatric First Aid	19/04/2022	18/04/2025
Paru	Lodhia	Pre-Prep	Paediatric First Aid	22/11/2019	21/11/2022
Andrew	Manley	Middle School Teaching	Paediatric First Aid	19/04/2022	18/04/2025
Jonathan	Manthorp	Main School Teaching	Paediatric First Aid	15/11/2019	14/11/2022
Tom	McGee	PE & Main School	Paediatric First Aid	15/11/2019	14/11/2022



Darren	Miller	PE & Juniors	Paediatric First Aid	22/11/2019	21/11/2022
Rachel	Moran	Nursery	Paediatric First Aid	19/04/2022	18/04/2025
Paru	Pandya	Admin	Paediatric First Aid	19/04/2022	18/04/2025
Aurora	Pjetrusha	MSA	Paediatric First Aid	19/04/2022	18/04/2025
Nandhini	Prasad	After School Care	Paediatric First Aid	19/04/2022	18/04/2025
Faz	Rahman	Main School Teaching	Paediatric First Aid	20/04/2021	19/04/2024
Maria	Raithatha	Main School Teaching	Paediatric First Aid	20/04/2021	19/04/2024
Nisha	Rikki	Nursery School Teaching	Paediatric First Aid	19/04/2022	18/04/2025
Fiona	Roberts	Junior School Teaching	Paediatric First Aid	22/11/2019	21/11/2022
Gill	Robson	Admin	Paediatric First Aid	19/04/2022	18/04/2025
Maya	Solanki	Admin	Paediatric First Aid	12/06/2020	11/06/2023
Maya	Solanki	Admin	First Aid at Work	29/09/2020	28/09/2023
Dimple	Vaja	Pre-Prep/After School Care	Paediatric First Aid	20/04/2021	19/04/2024
Sarah	Watkins	Junior School Teaching	Paediatric First Aid	15/11/2019	14/11/2022
Dean	Welch	Grounds & Maintenance	Paediatric First Aid	15/11/2019	14/11/2022
John	Wilde	Sports Hall Maintenance	Paediatric First Aid	19/04/2022	18/04/2025
Hannah	Williams	Pre-Prep	Paediatric First Aid	19/04/2022	18/04/2025
Lizzie	Wood	Pre-Prep	Paediatric First Aid	19/07/2020	18/07/2023