



<b>St. Michael's Academy</b>  Policy for:  First Aid and Medical Policy	Date signed off:	No.
	May 2019	
	Review Date:	
	May 2021	

## First Aid Policy Statement

The Governors and Head teacher accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

We are committed to the authority's procedure for reporting accidents and recognise our statutory duty to comply with the reporting of injuries, diseases and dangerous occurrences regulations 1995.

The provision of First Aid within the school will be in accordance with the Authority's guidance on First Aid in school.

## Statement of First Aid organisation.

The school's arrangements for carrying out the policy include nine key principles: -

- The Governing body to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Record all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school

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## **Arrangement for First Aid**

### **Materials, equipment and facilities**

The school will provide materials, equipment and facilities as set out in DfEE 'Guidance on 'First Aid for schools'.

The Appointed Person will be Medical Lead. They will regularly check that materials and equipment are available. They will ensure that new materials are ordered when supplies are running low.

First Aid Box are located Staff Room, Gym and Medical Room.

These need to be stored where they are visible and easy to access. It is the appointed person's responsibility to ensure that these are regularly checked and that the stations are fully stocked.

Each class have their own first aid wallet. It is the responsibility of the adults of that class to restock the wallet when running low.

Responsibility to regularly check First Aid Boxes located in the classrooms lies with staff working in the classes.

Playground:

The play-leaders are provided with their own First Aid Bag. These are stored in the shed by the Reception building. It is the Play-leaders' responsibility to notify the Appointed Person if supplies are running low.

### **Cuts**

Only first-aider can deal with any cuts. All open cuts should be covered after they have been treated with a cleansing wipe.

Minor cuts should be recorded in the accident file. Severe cuts should be recorded in the accident file and parents/carers are informed.

Major bleeds would be recorded in the accident file and on EEC Live, parents / carers would be informed.

ANYONE TREATING AN OPEN CUT SHOULD USE NON-LATEX RUBBER GLOVES, provided in the Medical room.

### **Head injuries**

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and Guardians should be informed by Telephone of the injury is sever i.e. visible marks/bumps to head/face, feeling nauseous or being physically sick. A first aid trained member of staff should be consulted of there is a concern. The adults in the child's class room should be informed and keep a close eye on the child. All bumped head accidents should be recorded in the accident file. Children with a bumped head should be given a head injury letter to take home.

### **First Aid and Medicine files**

These files are kept in the Medical room. The contents of these files are collected at the end of the academic year, by the appointed person, and kept together for a period of 3 years as required by law.

Major accidents/ incidents are recorded in the accident book and on EEC Live within 24 hours of the accident/ incident. (Any accident that results in the individual being taken to hospital is considered a Major accident/ incident official report forms). Parents / carers are informed immediately and the first-aider will inform parents / carers of the details.

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## **Administering medicine in school**

At the beginning of each academic year, any medical conditions are shared with staff and a list of these children and their conditions is kept in the Teachers' files/ Inclusion folder/ First Aid-Medicine Record files and on file in the office.

Children with Medical conditions have to have a care plan provided by the Medical Lead, signed by parents/ guardians. These need to be checked and reviewed regularly. Medications kept in the school for children with medical needs, are stored in the locked Medical Room – In a cupboard / fridge. Each child's medication is in a clearly labelled container with completed medical form signed by the parent/carer.

### **All medicines in school are administered following the agreement of a care plan.**

Responsibility for the disposal of all pupil medicine lies with the parents / carers. Medicine is signed back to the parent / carer for the correct disposal.

*All medicines must be brought into school in their original packaging as prescribed by their GP. Any medicines not in their original packaging will not be accepted by the school.*

## **Asthma**

Children with Asthma do not require a care plan. In order for children's Asthma pumps to be kept in school a medical form must be filled out. The form is obtainable from the office. Parents need to be directed to the office to fill out the form. The office then will pass the form on to the person Medical Lead, who will allocate an Asthma Pump box to the class of the child (ensuring it is accessible at all times i.e. on teachers desk) and will inform class room staff about the child's needs regarding the asthma pump and its usage. It is the parents/carers responsibility to provide the school with up-to date Asthma Pumps for their children. *Any asthma inhaler brought into school without the protective cap will not be accepted.*

Adults in the classroom are to check the expiry date on the pumps regularly and inform parents, should the pumps expire or run out. The school supports the child's safe handling of the Asthma pumps, adults will ensure Asthma pumps are taken on offsite excursion and to any physical activities. Asthma sufferers should not share inhalers.

In case of an emergency an adult needs to be sent to get the asthma pump while a First Aider remains with the child.

For further information on administering medicine see next section, also see Pupils with Medical conditions in School policy.

*All medicines must be brought into school in their original packaging as prescribed by their GP. Any medicines not in their original packaging will not be accepted by the school.*

## **Other Medicines**

Short term prescriptions; Medications such as the short term use of antibiotics or painkillers can be administered only if the parent /guardian fill out the 'Parental consent form for administering medicine'. Parents can obtain this form from the school office on the first day of requesting the medicine to be administered at school. The office will then pass the form and medication to the person responsible for medicine at school. They will then inform the appropriate adult/s in the named child's classroom regarding the administration of the medicine.

Blank copies of the Administering Medicine at Schools Form are kept in the school office. A completed medical form must be with kept with the medication. Medication may be administered in school if it is required to be taken four (4) times a day. Classroom staff

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should encourage parents to administer all other medicine at home. All medication administered at school must be prescription medicine, prescribed by a doctor and obtained from the pharmacy, clearly labelled with the child's name and address. All Medications are stored in the Medical Room.

*All medicines must be brought into school in their original packaging as prescribed by their GP. This includes, medicines in bottles and blister packaged tablets to be in their original boxes.*

*Any medicines not in their original packaging will not be accepted by the school.*

### **Calling the Emergency services**

In case of a major accident, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

The Headteacher or Deputy Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on school journey.

If the casualty is a child, their parents/ guardians should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

### **Headlice**

Staff do not touch children and examine them for headlice, unless parental consent is given in severe circumstances. In severe cases where a child or children have headlice we will have to inform parents/carers. A standard letter should be sent home with all the children in that class where the suspected headlice incidence is.

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

If a child is suspected of having chicken pox etc, we will look at the child's arms or legs. Chest and back will only be looked at if we are further concerned. We should call a First Aider and two adults should be present. The child should always be asked if it is ok to look.

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## Supporting Children with medical Conditions

	Who is Responsible?	Additional Details
<b>1. <u>Children with Medical Conditions Policy</u></b>	The Governor with responsibility for SEN and the head Teacher	
A. We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships and play.	All Staff	
B. Parents have the prime responsibility for their child's health and are required to provide the school (via the Head Teacher) with information about their child's medical condition before they are admitted to school, or as soon as the child first develops a particular medical need.	Parents	
<b>2. <u>Pupils with Short-term Medical Needs</u></b>		
A. If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home.	Parents	
B. Many children will need to take medicines at some time during their time at school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics. Where possible doses should be given before or after school, however medicines may be brought into school if it would be detrimental to the child to do so. Medicines should be brought to the school in the original containers with the labels attached and registered at reception.		
C. Parents should inform the school (using the forms available from the school office) about the medicines that their child needs to take and provide details of any further support required.	Parents	
<b>3. <u>Responsibility for administering prescribed medication</u></b>		
A. The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medicines. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parents for a health professional before taking further action. Designated member of staff will be identified	Head Teacher	
B. When a medicine cannot be administered in the form in which it is supplied, e.g a capsule (cannot be swallowed) written instructions on how to administer the medication must be provided by a parent / carer following advice from a healthcare professional, such a GP or paediatrician.		

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C. A named lead will administer ADHD medication because this is a controlled drug. The administration of this drug needs to be witnessed by another member of staff; This is usually the class TA who will bring the child to the medical room. They will countersign the administration form.		
<b>4. <u>Record-keeping</u></b>		
A. Staff will complete and sign a record each time they give medicine to a child. (Records are retained in a file in the medical room.)	Named Staff	
<b>5. <u>Refusal to take medicine</u></b>		
A. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents of the refusal immediately.	Head Teacher	
B. If refusal to take medicines results in an emergency, then the usual emergency procedures will be followed	Head Teacher / Senior Teacher	
<b>6. <u>Storage of medication</u></b>		
A. Emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored and will be readily available. They will not be locked away and where children are considered safely able to take care of their own medicines they will be supported to do so.	All Staff	
B. Some medicines need to be refrigerated. These will be kept in the medical room fridge and access to the refrigerator holding medicines will be restricted.	Staff taking medicine from parent	
C. Responsibility for the disposal of all pupil medicine lies with the parents. Medicine is signed back to the parent / carer for the correct disposal.		
<b>7. <u>Absence from school for more than 15 days</u></b>		
A. For those children who attend hospital appointments or are admitted to hospital on a regular basis, special requirements may also need to be considered. In this event advice will be sought from the Medical Tuition Service and referrals made where appropriate.	SENco	
B. Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities and will facilitate their link with other children so that friendships are sustained.	SENco	
<b>8. <u>Pupil with Long Term or Complex Medical Needs</u></b>		
A. Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate on other areas of school life, then special arrangements will be made. The PIMS Team and SENATAS may be contacted to support any adaptations to the curriculum.	SENco	
B. In some cases this might take the form of dedicated adult support, at certain times of the school day.	SENco	

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Alternatively, the child's needs could be such that modifications to the learning environment and/or the provision of specialist aids need to be considered.		
<b>9. <u>Individual Health Care Plans</u></b>		
A. A written, individual health care plan will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include: <ul style="list-style-type: none"> <li>i. Details of the child's medical condition,</li> <li>ii. Any medication</li> <li>iii. Daily care requirements</li> <li>iv. Action to be taken in an emergency</li> <li>v. Parents/carers details including emergency contact numbers</li> </ul>	SENco	
B. Those who may contribute to a health care plan include: <ul style="list-style-type: none"> <li>i. The parents/carers (and the child, if appropriate)</li> <li>ii. School nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs)</li> <li>iii. The Head Teacher and SENco/SEN Manager</li> <li>iv. The class teacher, care assistant or teaching assistant</li> <li>v. Support staff who are trained to administer medicines or trained in emergency procedures.</li> <li>vi. PIMS team</li> </ul>		
C. The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place at the start of the each school year; however, some plans will need to be reviewed more frequently depending on individual needs.	SENco	
D. <u>Healthcare plans and training are not transferrable, even when children have the same condition.</u>	SENco	
<b>10. <u>Training</u></b>		
A. If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, school nurse, specialist nurse or children's community nurse. Parents cannot be responsible for leading this training but parents and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done.	SENco	
B. Parents and school staff cannot cascade training that they have received when the training is specific to an individual child.	Head Teacher	
C. School staff who have been trained are responsible for following and delivering the health care plan and if the child's condition alters they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan.	Individual Staff SENco and Head teacher	

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D. School staff will request further training when needed, and professional updates at least once a year.	Individual staff, Head teacher, SENco	
E. Staff who have been trained in the child's care are the responsible for following the procedures in the children's care plans as they have been trained to do so.	Individual staff, Head teacher, SENco	
F. The SENco will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed.	Individual staff, Head teacher, SENco	
G. Individual staff is responsible for identifying and communicating any changes that they notice in the child's care needs. The SENco will inform parents and health care professionals in writing and discuss whether further training is needed.	Individual staff, Head teacher, SENco	
<b>11. <u>Communicating Needs</u></b>		
A. A confidential file containing photographs of pupils with medical needs, together with outlines of their medical condition and action to be taken, is available in the child's classroom. Emergency procedures for the child will be on the Staff Notice Board.	Head Teacher	
B. Relevant staff will be informed of specific children's medical needs in their class at the beginning of the term and updated regularly to any medical changes.		
C. New Members of staff and volunteers will have this awareness training as part of their induction package.		
D. Health Care Plans for individual children are kept in the classroom where they are accessible to all staff involved in caring for the child.	Class teacher	
E. Further copies and full medical records are stored in the child's SEN file.	SENco	
<b>12. <u>Educational visits (see also school's Trips Policy)</u></b>		
A. Visits and school residential trips will be planned so that pupils with medical needs can participate and best endeavours will be made as appropriate to ensure that they are discriminated against. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable arrangements will be made and an alternative experience will be provided to ensure that the are enable to join in the curriculum surrounding the trip.	Class Teacher	
B. Staff supervising excursions and residential trips will always make sure that they are aware of any medical needs, and relevant emergency procedures. Parents of participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the schools guidelines before leaving the school at the start of the trip.	All Staff	
C. A copy of individual health care plans will be taken on visits in the event of the information being needed in an emergency.	Visit leader	

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D. Arrangements for taking any necessary medicines will be made and if necessary an additional member of the support staff, or an appropriate volunteer might be needed to accompany their own children on school trips.	Visit leader	
E. If there is any concern about whether the school is able to provide for a child's safety or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP.	Head Teacher / SENco	
<b>13. <u>Sporting Activities</u></b>		
A. All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.	All Staff	
B. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.	SENco	
C. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.	All Staff	
<b>14. <u>Insurance</u></b>		
A. The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. We link to the DFE as employers who are responsible for insurance of academies and their employees.	Business Manager	
<b>15. <u>Unacceptable Practice</u></b>		
<p>It is not acceptable:-</p> <ul style="list-style-type: none"> <li>i. To place children at unreasonable risk for any reason</li> <li>ii. To exclude children from curriculum activities because of their medical condition.</li> <li>iii. To place requirements and responsibilities on parents to fill gaps in staffing or resources.</li> </ul>		

Signed by Chair..... Date.....

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