



Policy Title: First Aid & Medical Support	Reviewed: 5th February 2024
School Section: Brontë House	Reviewer: Katie Bedford
Audience: Staff	Monitor: SMT
NMS:	Revision: 1.6

Brontë House School – First Aid and Medical Support Policy & Procedures

This document (which also applies to the EYFS) is intended to ensure that first aid and medical support is administered in a timely and competent manner. It sets out for staff what they must or may do (as appropriate) in certain circumstances. It details the practical arrangements for administering medical support and first aid and explains how accidents are recorded and parents informed.

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Highlighted sections relate to Ashdown Lodge only

Introduction

The Governors of Woodhouse Grove acknowledge and, where appropriate, aim to exceed the minimum standard of care required by law in relation to its pupils. We will always act on the advice given by agencies such as ISI, Environmental Health and the fire brigade.

Up to date guidance on health protection in schools can be found at:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

In non-teaching matters, the duty upon the school is, through each and every member of staff, to act as would a careful and prudent parent whilst also having the discretion to do what is reasonable in all circumstances for the purpose of safeguarding or promoting a pupil's welfare. This is sometimes referred to as acting in loco parentis.

The duty of care extends beyond the school's site, for example, when teachers take groups of children away from the school on visits or excursions of whatever length, be it a short-day trip or an overseas expedition.

This document aims to embody best practice and has been prepared with medical, legal and insurer input. Whilst it is not possible to foresee each and every situation which may arise, staff acting within the procedures and principles set out in this document can be reassured that they are "doing the right thing."

It is our aim to provide a healthy and safe environment for staff and children.

At all times our employees are expected to co-operate fully in implementing health and safety initiatives. They will do everything possible to make sure injuries do not occur to themselves or to others.

We expect our employees to take responsible care of their own health and safety at all times.



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Staffing

The school employs two qualified Nurses and a Health Care Assistant who are able to provide medical support in both Bronte House and Woodhouse Grove.

At Bronte House School, most staff are first aid qualified and there is at least one qualified First Aider on site at all times when pupils are present.

At Ashdown Lodge, **all except one member of staff is qualified in Paediatric First Aid.**

All staff are aware of medical/first aid procedures and are kept informed of any updates.

Staff in both buildings are aware of the location of first aid boxes, and the parent contact file, if unable to access ISAMS.

Relevant staff are aware of children who have medical conditions and they know where a child's personal medication is kept.

On site Medical Support

Illness

If a child becomes ill, we will take every step to contact parents, but if this is not possible, we will take responsible measures to care for the child. We will expect parents to co-operate with us by not sending children to school if they have any infectious or contagious illness. Staff will also be asked not to attend work under the same circumstances. There are exclusions periods for certain conditions. Please refer to the 'Guidance on Infection Control in Schools' which is displayed in the school office and one in Ashdown Lodge office. The member of staff who has dealt with the child should log the details into either Medical Diary or Medical History, including any First Aid given. If a child is sent home due to their illness, this will be logged in the note section in 'Out of School'.

Administering Medication

Medicine provided by parents can be given to children in our care. Details of any medication administered must be recorded on the Parental Consent Form for Staff to Administer Medication. ***Please refer to Administration of Medication in Appendix A.***

Paracetamol Suspension is kept in school and, if a child becomes unwell, or has a painful injury, this can be administered but only after seeking parental permission. This is then recorded in the 'Medical Centre – Medication' section. **In Ashdown this is recorded through the Administer Medication Form. The original copy is signed by parents and kept in the office and will be filled away. A copy will be sent home in the child's bag.**

Pre-existing Medical Conditions and Food Allergies/Intolerances



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It is essential that the school is made aware of all allergies to which a pupil is diagnosed with via an Allergy Action Plan, and of any pre-existing medical conditions. Parents are therefore required to complete a Personal and Medical Information Form when their child starts the school. This information will be transferred onto the Medical Centre section of isams by the medical team. As and when parents advise us of any changes to their child's medical records, this should be done in writing and sent to the medical centre for them to update isams accordingly.

A list of children with medical conditions, allergies and dietary requirements along with their photographs are kept in a folder in year group order in the Staff Room, Medical Room and Music Department, plus each classroom has a copy of their respective year group posters. A separate list of children with food allergies is also provided to the kitchen for them to display.

The school is a nut aware environment. Children are not allowed to bring their own food into school, other than fruit or vegetables for snack. **Please see the Recognition and Management of Allergic Reactions Policy for further details.** In Ashdown this is recorded through the Administer Medication Form. The original copy is signed by parents and kept in the office and will be filled away. A copy will be sent home in the child's bag.

Health Care Plans for Individual Children

Where appropriate care plans should be completed by the parent, these are then shared with the Medical Centre so that necessary notes can be added to isams and follow up calls made if appropriate. These are then stored in a file in the medical room and duplicates are then kept with the corresponding medication in the medication pockets.

When appropriate, relevant staff will receive training and advice from NHS staff or our own school nurses on a specific medical condition. Health care plans at Ashdown Lodge are stored in a kept in the office. Duplicates at kept at Bronte House.

Prescribed medication for Asthma, Allergy and Diabetes

- Inhalers

These are kept in a pocket in the Medical Room, individually labelled with the child's name and what it is. In Ashdown they will be kept in a Medical Cabinet and the emergency one is kept in Ashdown's Kitchen.

Two emergency inhalers are kept here as well, in the event that there is a problem with the child's own inhaler.

- EpiPens/Antihistamine Medication

These are kept in a pocket in the Medical Room. There is a separate policy for the Recognition and Management of Allergic Reactions. In Ashdown they will be kept in a Medical Cabinet and the emergency one is kept in Ashdown's Kitchen.

Ashdown has a 0.15mg Emergency EPIPEN and Bronte House has a 0.15mg and 0.3mg Emergency EPIPEN.

All staff complete annual EPIPEN refresher training.

- Insulin



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Diabetic children keep their medication with them at all times.

A sharps box is kept in the office cupboard if we have a child in school with Diabetes.

Please refer to the **Reducing the Risk of Needle Stick Injury in Appendix B**

A list of expiry dates is kept on the wall in the Medical Room. Parents are alerted if a child's medication is near its expiry date and asked to provide replacements. **In Ashdown these are located in the Ashdown office.**

Protocol/Procedures for Specific Medical Conditions – **Always refer to Firefly for the most up to date information**

Anaphylaxis <https://woodhousegrove.fireflycloud.net/pastoral/medical/anaphylaxis-and-severe-allergic-reactions>

Asthma <https://woodhousegrove.fireflycloud.net/pastoral/medical/asthma>

Diabetes <https://woodhousegrove.fireflycloud.net/pastoral/medical/diabetes>

Epilepsy <https://woodhousegrove.fireflycloud.net/pastoral/medical/epilepsy-and-seizures>

Health Care Services

The following health care services are offered to pupils and take place within school:

Sight tests – offered to Reception children

Hearing tests – offered to Year 1 children

Flu vaccination – Reception to Year 6

On Site First Aid

At Bronte House, first aid kits are always available and are stocked accordingly. The Sports Department have 4 First Aid Kits allocated to take with them to PE and Games lessons and fixtures. First aid boxes are located in the following places:

Bronte House:

Medical Room/Office (Full medical cupboard)

Dining Room

Sports Hall

Science Room

Art Room

Kitchen (specific kitchen first aid kit)

Early Years Department:

Kitchen

Pre-Nursery Classroom

Nursery Classroom

Pre-School Classroom

Reception Classroom (South Lodge)



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Year Group First Aid Kits

- Year 1
- Year 2
- Year 3
- Year 4
- Year 5
- Year 6

Responsibility for checking contents of first aid kits:

- Bronte House – Office Staff
- Ashdown Lodge – Samiie Hargreaves
- Sports bags – Sports Staff
- Kits used on trips – Member of staff taking trip
- Year Group Kits – Year group Teaching Assistants.

Adult Cardio Pulmonary Resuscitation

Primary survey

If you find someone collapsed, you should first perform a primary survey. **Do not place your face close to theirs.** If you have established from this that they are unresponsive and not breathing, you should ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator, if available.

If you have been trained in CPR, including rescue breaths, and feel confident using your skills, you should give chest compressions with rescue breaths.

If you're not completely confident, attempt hands-only CPR instead.

Hands-only CPR

To carry out a chest compression:

Kneel next to the person and place the heel of your hand on the breastbone at the centre of their chest. Place the palm of your other hand on top of the hand that's on their chest and interlock your fingers.

Position yourself so your shoulders are directly above your hands.

Using your body weight (not just your arms), press straight down by 5 to 6cm (2 to 2.5 inches) on their chest.

Keeping your hands on their chest, release the compression and allow their chest to return to its original position.

Repeat these compressions at a rate of 100 to 120 times a minute until an ambulance arrives or for as long as you can.

CPR with Rescue Breaths



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Place the heel of your hand on the centre of the person's chest, then place the palm of your other hand on top and press down by 5 to 6cm (2 to 2.5 inches) at a steady rate of 100 to 120 compressions a minute.

After every 30 chest compressions, give 2 rescue breaths.

Tilt the person's head gently and lift the chin up with 2 fingers. Pinch the person's nose. Seal your mouth over their mouth and blow steadily and firmly into their mouth for about 1 second. Check that their chest rises. Give 2 rescue breaths.

Continue with cycles of 30 chest compressions and 2 rescue breaths until they begin to recover or emergency help arrives.

CPR on Children

You should carry out CPR with rescue breaths on a child. It's more likely children will have a problem with their airways and breathing than a problem with their heart.

Children Over 1 Year

Open the child's airway by placing 1 hand on their forehead and gently tilting their head back and lifting the chin. Remove any visible obstructions from their mouth and nose.

Pinch the child's nose. Seal your mouth over their mouth, and blow steadily and firmly into their mouth, checking that their chest rises. Give 5 initial rescue breaths.

Place the heel of 1 hand on the centre of the child's chest and push down by 5cm (about 2 inches), which is approximately one-third of the chest diameter. The quality (depth) of chest compressions is very important. Use 2 hands if you can't achieve a depth of 5cm using 1 hand.

After every 30 chest compressions at a rate of 100 to 120 a minute, give 2 breaths.

Continue with cycles of 30 chest compressions and 2 rescue breaths until the child begins to recover or emergency help arrives.

Definition of a Child and an Adult in Reference to CPR

A child as someone older than a year but who has not reached puberty, and an adult as anyone who is at the age of puberty or older.

The school has a fully automatic defibrillator which is suitable for use on children and adults. It is located in the school office. You do not need to be a first aider or to have been trained to use this. A training video is available at:

<https://www.youtube.com/watch?v=0Pnaf5t7HhI>



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Always call 999 or 112 if someone is seriously ill or injured, and their life is at risk.

Examples of medical emergencies requiring an ambulance include (but are not limited to):

- Chest pain
 - difficulty in breathing
 - unconsciousness
 - severe loss of blood
 - severe burns or scalds
 - choking
 - fitting or concussion
 - drowning
 - severe allergic reactions.
-
- **Definition of a ‘minor accident’ (guide only)** – a graze, small cut or slight bump to any part of the body (except the head) or any other ‘superficial’ injury.
 - **Definition of a ‘more serious’ accident (guide only)** – any bump to the head, a substantial, deep or large graze or cut.
 - **Definition of a ‘major accident’ (guide only)** – a circumstance where is unconscious or has the type of injury that cannot be dealt with by the normal means. Qualified First Aiders will always be on hand when children are present, including school trips/outings.
 - **Near misses**
Where an accident or incident is out of the ordinary, severe or unusual in nature, then a special form called a “submission to accident, incident or/and Near Miss is also needed.

The submission form can be accessed on Firefly. Vanessa Bates can advise whether an accident, incident or near miss needs to be recorded in this way.

First Aid Protocol

First Aid is defined as the first assistance or treatment given to a casualty before the arrival of medically-qualified personnel.

The priorities of first aid are to:

- Preserve life by maintaining a clear airway and controlling any haemorrhage



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- Prevent the injury or condition from becoming worse
- Promote recovery

The following actions should be taken immediately:

- Assess the casualty – make sure that breathing is present and look for evidence of any bleeding.
- Remove casualty from any danger, if necessary, but with proper concern/caution for any orthopaedic injury.
- Make the casualty comfortable and reassure him/her.
- Stay calm at all times.
- Call for help from passers-by.
- Send for emergency services if necessary.

Bronte House Accident Reporting

In case of minor accidents

- The child will usually be dealt with by the member of staff who saw or was told of the accident by the child. He/she may be taken to another member of staff with a full explanation. Action taken will depend on the injury; an antiseptic wipe may be applied or a cold compress.
- An accident form will be completed on Evolve.
- For EYFS the form is printed out and placed in the child's book bag.
It is prudent to greet the parent of an injured child. The parent/carer will also be told verbally about the accident when the child is collected, as it will be noted on the collection form.

In case of more significant accidents

- The child will usually be dealt with by the member of staff who saw or was told of the accident or he/she will be taken to another member of staff if deemed necessary.
- The injury will be assessed and appropriate action taken; this may be to apply an ice-pack on a bumped head.
- Never use paper towels or tissues on broken skin.
- The child's teacher and key person will be informed.
- Parents will be informed by phone call.
- An accident form will be completed on Evolve and a copy placed in the child's bag.



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- For EYFS, two copies will be printed out. One for the child's book bag and one will be placed in the collection file for a parent to sign when they are again told of the accident upon collection of their child.
- The school duty nurse may be contacted for advice, if needed.
- If in any doubt, an ambulance should be called.

In case of Major Accidents

- Where only one member of staff is present, the member of staff will stay with the injured child and two children will be sent to find another staff member (one to ring for an ambulance if necessary and one to assist with the child).
- A member of staff may be required to travel in the ambulance if required.
In the Early Years, this would be the key person or a senior member of staff.
- The general office will be contacted and the school nurse on duty where applicable.
- The duty nurse will attend if requested to do so.
- The child's parent/carer will be contacted.
- The same accident form as for 'more serious' accidents will be filled in and the appropriate authorities will be contacted (RIDDOR)
- If the accident is deemed serious enough to be a 'risk of death', short dial 999, 112, 911.
- The qualified First Aiders present will always make the decisions, other staff will carry out their instructions/requirements, and onlookers should be kept at a distance.
- Anything with bodily fluids on it should be disposed of as clinical waste.
- Remember the safety of the uninjured person comes first and must always be considered.

Additional Information pertaining to major Accidents (For insurance purposes)

- (Pre and Post) Risk Assessment
- Details of any witnesses
- Photographs of the incident location
- CCTV footage
- A copy of an internal investigation report if available
- Records of maintenance and inspection for the area in question for the last 12 months
- Records of any similar incident or complaint over the last 12 months
- Accident report form

Procedures for Dealing with First Aid Issues that Arise at Playtime Key Stage One and Two

Minor bumps/Grazes:

- A first aid trained Teaching Assistant to administer minor first aid in playground, e.g., wound cleansing wipe and make initial assessment. This should be recorded on the EVOLVE accident book.

Accidents and Injuries:



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- Record on the EVOLVE accident book by the person who dealt with or witnessed the accident. A copy of the entry can be printed and sent home with the child if relevant. Contact should be made with the parent, if necessary.

Head Injuries:

- First aid trained Teaching Assistant to make initial Head Injury Assessment and administer wound cleansing wipes/cold compress.
- When a child's head has collided with a hard surface, the child **MUST** be referred to the office staff for examination.
- Teaching Assistant to record the head injury in the online Accident Book. The head injury must be recorded on the day it has happened. Teaching staff should be informed of the head injury so that the child can be monitored.
- Office staff to contact parents by text message to inform them of a minor head bump. A telephone call must be made to parents if the head bump/injury is deemed as serious, or there are signs of concussion.
- If the child remains in school, they must be monitored by teaching staff.
- As a precaution, no child suffering a significant blow to the head must be allowed to participate in physical activity for the rest of the day. Decision to be made by office staff/member of management team.
- It is the responsibility of the member of staff witnessing or initially dealing with the head injury to liaise with Office Staff to check that the accident has been logged correctly.
- The accident report should be printed and sent home or emailed to the parent along with a Head Injury Advice Sheet. <https://www.nhs.uk/conditions/head-injury-and-concussion/>

EYFS Accident Reporting

- All staff are aware of the locations of all first aid equipment and forms. They also have access to the parent contact information and information pertaining to the children. All members except one staff member hold a paediatric first aid certificate and are on the premises or with the children at any one time. The one member of staff that doesn't hold Paediatric first aid holds Emergency First Aid. All staff are made aware of these procedures and any updates.
- Definition of a 'minor accident' (guide only) – a graze, small cut or slight bump to any part of the body (except the head) or any other 'superficial' injury.
- Definition of a 'more serious' accident (guide only) – any bump to the head, a substantial, deep or large graze or cut.
- Definition of a 'major accident' (guide only) – a circumstance where a child is unconscious or has the type of injury that cannot be dealt with by the normal means. Qualified First Aiders will always be on hand when children are present, including school trips/outings. The school nurse may be called.
- In case of minor accidents
- The child will be dealt with by the member of staff who saw or was told of the accident or he/she will be taken to another member of staff and handed over with a full explanation. Action taken will depend on the injury; a sterile wound wipe may be applied.



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- The accident will be added to the accident evolve system by the member of staff dealing with the injury or the one deemed to be on duty.
- It is prudent to greet the parent of an injured child. Where this doesn't happen/is not possible, the note in the bag will have all the information the parent needs.
- In case of more serious accidents
- The child will be dealt with by the member of staff who saw or was told of the accident or he/she will be taken to another member of staff with a full explanation being given.
- The injury will be assessed and appropriate action taken; this may be to apply an ice-pack on a bumped head. Another member of staff may be consulted or asked for assistance.
- Never use paper towels or tissues on broken skin.
- The child's teacher and key person will be informed
- The accident will be recorded on the accident Evolve system and a copy will be printed out and placed in the child's bookbag. This will also be verbally communicated to the parents on collection. If it is a bumped head then two copies will be printed. One copy will be given to the parents and the other in the collection file to be signed by the parent upon collection of the child. This is to ensure that the parents have definitely been told of the accident. If it is found a child has been collected and the form has not been signed, then the parent will be called. The signed copy will then be filed in the office and archived.
- The parent/carer of the injured child will be informed at the time of the accident by a teacher (other practitioner during holiday club) where it is deemed necessary, i.e., a substantial bump to the head or where the injury is such that the parent may be shocked on first seeing it. A note of this phone call/conversation should be mentioned on the accident form. It may be necessary to leave a voicemail message.
- If a plaster is to be used, the medical form should be checked first to check for allergies/permission.
- The school duty nurse may be contacted for advice if needed.
- If in any doubt, an ambulance should be called.
- Parental conversations may be recorded on CPOMS
- In case of Major Accidents -
- Where only one member of staff is present, the practitioner will stay with the injured child and two children will be sent to find another staff member (one to ring for an ambulance if necessary and one to assist with the child). The child's medical records should be checked
- Two staff should deal with the accident, other staff will carry out their instructions/requirements, on lookers should be kept at a distance.
- If the child goes to hospital in an ambulance, the key person or a senior member of staff will go too and the parents may meet you there.
- The general office will be contacted and the school nurse on duty where applicable.
- The duty nurse will attend if requested to do so.
- The child's parent/carer will be contacted.
- A child may be treated as stated in the parent's school contract – quote: -
- 'If your child requires urgent medical attention while under the school's care, we will if practicable attempt to attain your prior consent. However, should we be unable to contact you we shall be authorised to make the decision on your behalf should consent be required for urgent treatment (Inc anaesthetic or operation) recommended by a doctor'.



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- The same accident form as for ‘more serious’ accidents will be filled in and the appropriate authorities will be contacted (RIDDOR) where appropriate.
- If the accident is deemed serious enough to be a ‘risk of death’, dial 999 or 112 and records will be kept
- Anything with bodily fluids on it should be disposed of as clinical waste. Use the sanitary bin in the lady’s toilet, NOT a general waste bin. Staff will seek support from the cleaning team.
- Remember the safety of the uninjured person and follow procedures as trained
- This procedure is run in conjunction with the whole school first aid policy.

Medical and First Aid Provision – Off Site

The following guidelines are provided for the guidance of staff when taking pupils away from School. Actions taken by staff – teachers and assistants – are to be in line with the First Aid Protocol and the priorities of first aid as stated above.

Pupil Information

Whenever pupils are taken off site, the member of staff in charge is to take a list of contact numbers and any medical conditions and food allergies/intolerances for the relevant pupils. Parental consent will have previously been obtained.

First Aid Kits

First aid kits are to be taken on school trips, residential visits and sports fixtures. However, it is expected that full use would be made of any medical support facilities available at the destination or at the sports team away location.

Application of First Aid

A member of staff on the off-site activity should have ‘good working knowledge of first aid’. An example of this would be a six-hour basic first aid training course. On residential visits, it is more advisable to have at least a one day first aid certificate.

On certain visits, if more adventurous activities are being carried out, a higher first aid qualification may be needed, particularly if the member of staff is acting as the instructor for that activity.

In the absence of qualified medical personnel, staff are expected to provide first aid in accordance with the first aid protocol, and to act in loco parentis as any reasonable parent would be expected to act under the same circumstances. Minor injuries such as the treatment of bleeding wounds may be treated by staff with the application of adhesive plasters or bandages, the administration of over-the-counter painkillers in accordance with the appropriate dosage instructions whenever it is believed necessary. If in any doubt, the appropriate professional medical assistance should be sought by taking the casualty to a pharmacy, a doctor or hospital casualty unit, or by summoning medical help, depending upon the circumstances.

If a pupil is taken to a pharmacist or to see a doctor, the pupil must be accompanied by a teacher acting in loco parentis who should advise the pharmacist/doctor of the circumstances. Ideally, the pharmacist/doctor should consult the parents before prescribing any treatment, but if that is not immediately possible, then the teacher may give permission for the treatment, obtain from the doctor



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written details of the treatment and of any possible side-effects, and inform the parents at the earliest opportunity on return to School.

In serious cases where the administration of an anaesthetic and/or surgery is required, every effort must be made to contact the parents. But, if these efforts fail, the teacher, acting in loco parentis and on the advice of the surgeon, may authorise the treatment. The Headteacher must be informed as soon as possible. Attempts either by the teacher or by the school, to contact the parents must continue until successful.

Prescribing Drugs

Staff in charge may administer over the counter painkillers for pupils when, in the opinion of the member of staff, it is considered beneficial in the relief of pain, including headaches, period and muscular pains. Staff should attempt to contact parents to seek their permission. Prescription of other drugs must be done by a qualified pharmacist or qualified doctor.

Administering Drugs

Staff may administer the over-the counter painkillers mentioned above. They must supervise the taking by a pupil of drugs which have previously been prescribed by a qualified doctor, but only after receipt of a written request to that effect from the parents. All such drugs must be in capsule, tablet, powder or liquid form. A written record of all drugs administered by school staff must be kept.

Personal Medication

In accordance with the school's policy on the administration of medicine, any medication that needs to be taken on school trips, residential or sporting fixtures should be clearly labelled with the pupil's name, dosage and time to be given, and be in its original packaging.

Inhalers, Epipens and Insulin, diabetic equipment and hypo supplies should be taken for relevant pupils whenever that pupil goes off site including visits to Woodhouse Grove. This medication must be collected from the school office before leaving the site along with a contact list and medical condition poster, and returned immediately when you arrive back at school.

Link to a current list of First Aiders from Firefly

<https://woodhousegrove.fireflycloud.net/admin-1/staff-handbook/staff-handbook-2022-23/quick-reference-pages/list-of-first-aiders>

Mental Health First Aider

Mrs Donna Riley



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APPENDIX A

Administration of Medication

1. Aims

We aim to support pupils with both long term and short-term health needs. The school will aim to minimise any disruption to the child's learning, and work with parents/carers and health professionals to ensure this.

The school will follow the DfE statutory guidance on supporting pupils in school with medical conditions.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf

2. Managing the Administration of Medicines During the School Day

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Whenever possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The school will only accept prescription and non-prescription medicines that are in-date, labelled and intact, and provided in their original container. Medicines will only be administered according to the instructions on the pharmacy label and with written consent from the parent. There is a consent form for parents to complete.
- The school holds a small amount of pain relief i.e. Paracetamol. When medicine is to be administered on site for mild symptoms that arise during the day, the office staff should administer the medication after receiving verbal consent from the parents. There should then always be a second person who witnesses the administering. This should be added to the Medicine section in isams and noted who administered it and who witnessed it.
- If medication has been brought in for a short-term illness i.e. headache then The Consent to Administer Medication Form should be completed. The office staff and a witness should then sign the form to say they have administered it. In some situations a witness may not always be available, but one should be present wherever possible.
- Consent may be obtained for children who have a prescribed inhaler to use the school emergency inhaler if theirs can't be located, but the emergency inhaler can't be used without parental consent. The DoH guidance on emergency salbutamol states - ***The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).***



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- **Children under 16 should never be given Aspirin unless it has been prescribed by a doctor.**
- Children who self-administer medication i.e. diabetics will be observed by a trained member of staff.
- There will be individual Health Care Plans for children with specific, chronic health needs. In the EYFS a child's keyworker will be responsible for ensuring the child receives their medication and a second person will be aware of the procedure in case of staff absence. Relevant staff will support children in Key Stages 1 and 2.
- When children are going off site for trips, swimming or games fixtures etc. Epipens, Medication and inhalers are collected from the school office by relevant staff and taken. In this scenario because prior written consent has been received from parents for all of these medications, any member of staff can administer them along with another member of staff witnessing it. Again, this should be recorded on the Consent to Administer Form.
- Parents are required to complete a Personal and Medical Information Form for their child when joining the school. Parents should then advise in writing of any changes to their child's medical records throughout their time with us.
- If a child is taking part in a school trip or residential and will require medication, this will be taken by the staff. If it is medication over and above what we hold in school then a 'Consent to Administer Medication Form' should be completed before hand.

3. Records of Medication Given

A written record will be kept of all medicines given. The record will state what medication was given, the dosage, the date and time given and by whom. Any side effects will be recorded.

In the EYFS an entry is made in the medicine records book by the keyworker and countersigned by the witnessing member of staff. The original is placed in the child's book bag to go home and the counter copy remains in the medicine book.

4. Procedure for Administering Medication

- Each time a medication is administered the following need to be checked:
 - 1. Right individual**
 - 2. Right medication**
 - 3. Right dose**
 - 4. Right time**



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5. Right route

6. Right documentation

- A person administering medication should wash their hands and wear protective gloves to prevent the spread of infection.
- New gloves should be used for each individual.
- Gloves should be disposed of in the clinical waste bin.
- Hands should be washed again after removal of the gloves.
- In the EYFS a witness will be present when medication is given.

5. Procedure to follow if mistakes are made when administering medication

If a mistake is made in the administration of medicine, i.e. given to the wrong person, the wrong dose, the wrong medication or the wrong time the Headmaster needs to be informed. Parents will be informed along with our medical team and a health professional if appropriate. This should also be logged on CPOMS under medical issues.

6. Storage of Medicines

- Short term medications will be stored in a locked cupboard along with school bought medication.
- Medicines that require refrigeration will be stored in the fridge.
- At Bronte House Inhalers, Epipens and Cetirizine are kept in labelled hanging organiser pockets in the school office for easy access. Expiry dates are listed on the wall of the medical room.
- Unused medication will be returned to the parent.
- Sharps boxes will be used for the disposal of needles and other sharps.
- The medical room doors are always kept closed and are on a combination lock
- School bought medicines i.e., liquid paracetamol and Antihistamine to be kept locked in the medical cupboard. These should be signed in on the medicine log, inside the cupboard door when they are purchased and signed out when they are finished.
- In Ashdown all medication will be kept in the medicine cabinet in the child's classroom.

7. Disposal of Medication

- When medication is either out of date or no longer required, this should be handed back to parents in the first instance, or sent to the medical centre for them to dispose of securely. There is a document saved in the shared area which should be updated when this takes place.

8. Training

- Appropriate staff will receive training in the administration of emergency medication such as Epipens and Insulin.
- There is always at least one member of staff on the premises who is first aid trained.
- All people responsible for administering medication will have read and have access to this policy.



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- New staff will be made aware of the policy and procedures during their induction.

9. **Review and Monitoring**

The long- and short-term health needs of pupils and our procedures for dealing with them, will be reviewed regularly. The arrival of a new pupil with medical needs, a change in medical needs of an existing pupil etc. will require a review of this policy.



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APPENDIX B

Reducing the Risk of Needle Stick Injury

Scope and Objective

This document explains the procedural arrangements for the control of sharps and will ensure that school staff are aware of the appropriate action to take in the event of the inoculation of blood or bodily fluids by a needle or other sharp. The objective of this is to ensure that the school adopts practices which minimise the risk of needle stick exposure.

Legislation

The relevant legislation in respect of risks from sharp injuries includes:-

- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Control of Substances Hazardous to Health 2002 (COSHH)
- The Management of Health and Safety Regulations at Work 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Procedure Details

1. Any staff required to assist or administer medication with young children should receive appropriate medical training.
2. In relation to the storage and disposal of used sharps:
 - All sharps bins/containers should be BS7320: 1990 and UN3921 approved.
 - Sharps bins/containers should be sealed when the sharps reach their fill line and replaced.
 - Sharps bins/containers should be located in a safe and secure area.
 - Needles should not be re-sheathed after use.
 - Sharps should be disposed of immediately after use and not left lying around. Sharps are only to be disposed of in the sharps bin/container.
 - Never carry sharps in hands or pockets; take the sharps bin/container to the syringe, do not walk with the needle or syringe.
 - Contents of the sharps bins/containers should not be decanted into another container.
3. In the event of spillage from a sharps container the following procedure should be followed:
 - Wear protective gloves.
 - Gather up spilled sharps using a dustpan and a brush and put them into the appropriate sharps container.
 - Dispose of protective gloves.
 - Wash and dry hands thoroughly.



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4. In the case of a needle stick injury occurring:

- Encourage the wound to bleed by gently squeezing the site (DO NOT SUCK).
- Wash the area with running water and soap.
- Dry area and apply waterproof dressing.
- Report the incident to the headmaster who will ensure that an accident report form is completed.
- Seek urgent medical attention through your Doctor or A & E Department.

Roles and Responsibilities

1. Only trained staff will administer or assist in the administration of medication via a needle stick.
2. The person administering or supervising the administration of the medication will be responsible for disposing of the sharps.
3. The trained staff will be responsible for the safe location of the sharps bins/container.
4. The trained staff will be responsible for informing the parent that the sharps bin/container needs removing and replacing.
5. Should a sharps injury occur whilst administering the medication, it is the responsibility of the injured person to inform the headmaster and to seek medical advice.
6. Should a sharps injury occur to any other person it is their responsibility to inform the Headteacher and seek medical advice.



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APPENDIX C

Sun Protection Guidance

This guidance is written taking into account the advice from Cancer research UK and www.sunsmart.org.uk

1. Aims:

The aim of this document is to:

- Provide guidance for staff and parents and reinforce awareness about sun safety
- To help to ensure children are protected from the sun whilst at school
- To make some children more responsible for their own needs and self-care by helping them become more aware of the dangers of too much sun

2. Good Practice with sun protection

- Parents will be asked upon joining our school if their child can have sun cream applied, if necessary, they will be made aware of the brand used and given the option of bringing in their own. A reminder letter may be sent at the beginning of Summer or a sunny period reminding parents of their responsibilities
- Class teachers will oversee application and decide when it is necessary to use sun cream, where possible, teachers should confer to ensure the whole school is doing the same
- Teachers should talk to the children, at the appropriate level, about the dangers of the sun and the need for protection
- Teachers and teaching staff should encourage the use of sun hats. A note or e mail home may be needed if a child persistently doesn't bring a hat into school
- Children may be encouraged to play in the shaded areas if deemed necessary
- Parents will be encouraged to apply sun cream at home before the children come to school during periods of prolonged or predicted hot, sunny weather. This message may be e mailed, sent via the bulletin or sent home via the children themselves.
- Hygiene should always be considered for both the practitioner and the child. Gloves may be worn for application
- Outdoor activities may be re timetabled for another time if the sun is particularly strong
- When a child isn't wearing sun cream, they will be asked to remain in the shade (or supervised in the shade depending on their age and responsibility)
- Carers will be responsible for their own sun protection arrangements e.g. cream and hats, but should always set a good example to the children in their care
- Additional work and displays may be done around this topic based on the SunSart resources

3. Equal Opportunities:

This policy applies to all the children in our school, regardless of race, religion or age or ability/disability. Help to apply sun cream is given on an individual basis.

The need and wishes of the children and parents will be taken into account wherever possible, within the constraints of staffing, safeguarding and equal opportunities legislation.

Permission is always sought through the admissions process.

Spare hats are available if required.



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5. Links with Other Policies

Child Protection policy, Admissions policy, Health and Safety, Inclusion/SEND policy, Parents as Partners policy, the Foundation Stage policy, Complaint's policy, Risk Assessment policy and Health & Safety Procedures

6. Child protection and safeguarding

- Report any incident or concerns about a child as soon as possible and make a brief note of it and follow the usual child protection protocol.

7. Subject review and monitoring:

- This policy will be ratified by the SMT and all staff made aware. This policy will be reviewed annually taking into account the latest National advice. A meeting will be held at the end of every Summer to evaluate the effectiveness of this policy.



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APPENDIX D

Managing Head Lice in School

1, Aims

The aim of this document is to:

- Provide guidance for staff and parents of how to treat Head Lice and reinforce awareness of the signs that Head Lice may be present
- To help ensure children avoid getting Head Lice or are treated effectively for Head Lice to avoid unnecessary spread

2, Good Practice

- Parents are advised to check their child's hair regularly with a fine-tooth comb (ideally a comb designed for removing Head Lice)
- Parents and staff need to be aware of a child itching their head more than usual, sometimes small scabs may be present on the scalp if Head Lice are present or if a child has previously had Head Lice
- If Head Lice or eggs are found in the hair then a Head Lice treatment must be applied before the child returns to school, and the recommendation is that treatment is repeated after a week
- All members of the household should be treated as a precaution
- Children with long hair should have it tied back in a ponytail, plait or bun for school to help avoid the spread of Head Lice
- Children should not share hair accessories whilst in school

3, Responsibility of the School

- School must ensure that they have written consent from the Parent/Carer that they are happy for their child's hair to be checked by the School Nurse
- If a staff member identifies that a child is itching their head, then they will check to see what the problem is
- If a Head Lice or egg is identified, then parents must be contacted and asked to ensure they treat their child's hair before they return to school
- We won't request that the child is collected early from School, however if we find it is a reoccurring issue, then we may need to seek further guidance from the Medical Centre at Woodhouse Grove
- If a case of Head Lice is reported then an email will be sent out to all parents within that year group asking them to check their child's hair thoroughly that evening
- The following link below will be also sent to all parents with further NHS guidance on Head Lice <https://www.nhs.uk/conditions/head-lice-and-nits/>