

MEDICAL AND FIRST AID POLICY

ISI – Regulation Paragraph 13: The proprietor ensures that first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy:

The School's policy and procedures include information and guidance on the following:

- **practical arrangements at the point of need;**
- **the names of those qualified in first aid and the requirement for updated training every three years (also refer to the Staff Training Log Policy Handbook Section 5);**
- **having at least one qualified person on each school site when children are present;**
- **showing how accidents are to be recorded and parents informed;**
- **access to first aid kits;**
- **arrangements for pupils with particular medical conditions (for example, asthma, epilepsy, diabetes);**
- **hygiene procedures for dealing with the spillage of body fluids;**
- **guidance on when to call an ambulance;**
- **reference to RIDDOR (also refer to the Welfare Health and Safety Policy – Policy Handbook Section 3).**

The school will provide medical care if necessary throughout the school day under the guidance of The First Aid Officer (**for all classes including the EYFS; Reception Class**). The school also has most members of staff who are trained in First Aid. The school is situated near to Chelsea and Westminster Hospital if needed for emergencies or advice. *This policy has due regard to Every Child Matters; Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution, Achieve Economic Wellbeing. This policy also has due regard to the terms of the Equality Act 2010 and guidance provided by the Equality and Human Rights Commission as to its implementation in school.*

There are appropriate facilities for pupils who are ill in accordance with the Education (School Premises) Regulations 1999. The school complies with ISI and DfE regulations.

Practical Arrangements at the Point of Need;

Any child who feels unwell or has injured themselves should report immediately to their Class Teacher and then the First Aid Officer if necessary. Occasionally, it may be necessary for a child to be sent home or to receive appropriate medical care elsewhere other than in school. If a child is unwell and awaiting collection to be taken home, a quiet place is provided for them to lie down and rest (in the Staffroom). Accommodation for the medical examination and treatment of pupils and for the short term care of sick or injured pupils, which includes a washing facility and is near a toilet facility, is available. There is also a foldout bed and medical blanket for the child's additional comfort if needed. The accommodation provided may be used for other purposes at other times but it is always readily available to be used for medical purposes when needed.

Children who may have certain health or emotional issues are welcome to discuss these with the First Aid Coordinator or any other member of staff in confidence. Occasionally, it may be necessary to involve other healthcare professionals or support from within the school but this will only be done with the child's permission.

Medical Records

On entry to the school all parents complete a pupil medical information form. This form also seeks parental consent for a member of staff to administer over-the-counter medication (such as paracetamol, ibuprofen and cold remedies) as well as some homeopathic remedies such as arnica.

Personal health care plans must be submitted if a pupil suffers from severe asthma / epilepsy / diabetes / severe allergies, or any other serious condition where more information may be required.

Medical records are kept confidentially and securely (locked) in the School Office. Medical information may be provided to the Headmistress or specific teachers if necessary (i.e. if the child is going out of school on a visit.)

The Names of Those Qualified in First Aid and the Requirement for Updated Training Every 3 Years (also refer to the Staff Training Log Policy Handbook Section 5);

Staff Training

The School's First Aid is currently overseen by the Class 1 Teaching Assistant, Dianne Redbond who has attended the 2 Day Paediatric first aid course and acts as the school's First Aid coordinator in partnership with the Health and Safety Officer (School Secretary, Wendy Hutchinson). All staff undertake the Appointed Person's First Aid Course at least every 3 years. The most recent training took place on 1st September 2015 and will be repeated within 3 years. For the Early Year's pupils, the Reception Teacher (Annie Worledge) and Teaching Assistant (Victoria Cornwall Legh) also complete the 2 day paediatric First Aid Course at least every 3 years. (See Policy Handbook Section 5). Staff having curriculum responsibilities and those representing non-teaching staff will manage safety in those areas on a day-to-day basis. See the Courses and training Log for further details (Policy Handbook Section 5).

There must always be at least one qualified person on site when children are present (including when off site e.g. during sports lessons).

Training in paediatric first aid continues to be a requirement for the EYFS, with at least one person with a current certificate on the premises at all times when children are present and accompanying children on outings.

How Accidents are to be Recorded and Parents Informed

Schools should be aware of the duty to inform parents of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, and any first aid treatment given. Any accidents (which are more than something very minor like a small bump (not to the head) must be recorded in the School's Official Accident Book. This is kept by the playground door. Once completed by the member of staff who witnessed the accident, must then be shown and counter signed by a member of the SLT. Parents must also be informed and a bump form completed (parents/carers must then sign this to show they have read it and are aware of the accident). Bump forms should also be completed by a member of staff for all minor accidents (e.g. during playtime). This is a whole school procedure and includes accidents which occur within the EYFS setting.

Parental Responsibility

Parents must accept responsibility for their child's welfare and are asked not to send them into school if they are infectious, have been suffering from diarrhoea or vomiting in the previous 48 hours or are unable to attend lessons. Parents will be informed and asked to collect their child if they become ill or sustain an injury and are unable to continue with lessons. Children may not go home unless permission has been given by the Headmistress for them to leave. The Deputy Heads may give permission in the absence of the Headmistress. Children will not be sent home to an empty house.

Confidentiality

Medical information will be managed within the guidelines and procedures identified in the school's data protection policy. All staff will also abide by the school's child protection and anti-bullying policies and ensure that where issues concerning child protection are raised that the procedures are followed.

Where children make staff aware of issues that have pastoral implications (such as bullying) the children will be strongly advised to share the information with a member of the staff team so that appropriate support mechanisms can be put in place.

Access to First Aid Kits

A first aid box must be accessible at all times and with appropriate content for use with children. An accident book or similar written record (see information above) must be kept for accidents or injuries or first aid treatment. Each room in the school is equipped with a first aid kit. Staff are responsible for replenishing stocks when items are used. The First Aid Coordinator (Dianne Redbond), also checks these each term to ensure they are fully stocked at the start of each term. Staff are responsible for ensuring they remain fully stocked during the term. More useful information for staff is available in the Staff Handbook. The First Aid kit in the EYFS Classroom is stored in the top cupboard above the Teaching Assistant's desk.

Arrangements for pupils with particular medical conditions (for example, asthma, epilepsy, diabetes)

Prescribed Medicines

Medicines should only be taken at school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Parents must provide written consent to the school by completing and signing the 'Permission for the school to supervise "pupil self-administration" form' (found in the Parents' Handbook), which details the child's name, what the medication is, why it is being taken, the dosage, time and method of administration. A record of medication given is kept in each classroom, detailing the date and time medication is given, the medication and dosage and the member of staff administering the medication. Parents must bring in the medication in its original container and hand it in at the start of school to the School Office or Class Teacher, when it will be safely stored. The Class Teacher, School Secretary or First Aid Officer will then supervise the child taking the medication as prescribed. Pupils are not to carry any medicines on their person during school hours (see below for exceptions).

Parents must ensure that any medicines provided for use at school are in date and replacements are sent in prior to their expiration. Expired medicines cannot be administered.

Any child who needs to use an inhaler for asthma should carry it with them at all times, and will be allowed to use it as necessary. A spare named inhaler must be brought in to be kept in an agreed place.

Any child prescribed an Epi-pen is encouraged to keep it with them at all times. Their second Epi-pen will be stored in an unlocked cupboard in an agreed place so as to be easily accessible if required in an emergency.

Any food or other allergies will be recorded in the pupils' file and discussed at staff meetings to ensure all staff are aware of any allergies. Photos of pupils with allergies are shared with all staff, displayed in the staffroom and in each first aid kit along with a copy of the emergency contact details.

All medicines with the exception of Epi-pens must be collected at the end of the academic year. Reminders to this effect will be sent out. Any medicines not collected on the last day will be disposed of. Epi-pens may remain in the school, and must be replaced prior to expiry dates. It is the responsibility of parents to ensure that in date Epi-pens are held by the school. The school will make reasonable checks to ensure that those held are in date.

Staff Responsibility

Staff must seek medical advice if they are taking medication which may affect their ability to care for children, and any staff medication must be securely stored at all times. Children must not be able to reach or touch any medication.

There are regular staff training sessions (run by external agencies if appropriate) on dealing with medical emergencies in the school. The sessions include dealing with asthma, diabetes, epilepsy, anaphylactic shock and how to use an Epi-pen. The various procedures for getting assistance and an ambulance are covered. A list of children with serious medical conditions is made available to all relevant staff and discussed regularly at staff meetings.

Signs – What to watch out for

- Asthma

The main symptoms of asthma are:

- wheezing (a whistling sound when you breathe)
- shortness of breath
- a tight chest – which may feel like a band is tightening around it
- coughing

- Allergic Reactions

If you are allergic to substances in the air – such as pollen, animal dander and dust mites – the symptoms usually include:

- rhinitis – sneezing and a blocked, itchy or runny nose
- conjunctivitis – itchy, red, streaming eyes
- asthma – wheezing, breathlessness and a cough

If you are allergic to a certain food or medication, symptoms can include:

- urticaria (hives) – a raised, itchy, red rash
- swelling – usually affecting the lips, tongue, eyes and face
- abdominal pain, vomiting and diarrhoea
- atopic eczema – the skin becomes dry, red and cracked

- Eczema

Eczema is a condition that causes the skin to become itchy, red, dry and cracked. It is a long-term (chronic) condition in most people, although it can improve over time, especially in children. Atopic eczema can affect any part of the body, but the most common areas to be affected are:

- backs or fronts of the knees
- outside or inside of the elbows
- around the neck
- hands
- cheeks
- scalp

People with atopic eczema usually have periods when symptoms are less noticeable, as well as periods when symptoms become more severe (flare-ups).

Further useful information can be found in the A5 Safe and Sounds information booklets give out to all staff at the First Aid Training Course (01/0915) and on the NHS website: <http://www.nhs.uk/Conditions/Pages/hub.aspx>

Hygiene Procedures for Dealing with the Spillage of Body Fluids

Special care should be taken when dealing with the spillage of bodily fluids (vomit, urine, faeces, blood etc.). Disposable gloves should be worn. These can be found in all first aid kits. The area should be isolated if possible and then treated with the Emergency Spillage Compound, a yellow sachet located in all first aid kits. This will reduce the spillage to a gel allowing for prompt and easy clearance. The gel waste should be cleared (a dustpan and brush can be used) and placed in a plastic bag, knotted tightly and removed to an outside bin. The affected area should then be further cleaned with a sanitising wipe found in the designated First Aid area in the Staffroom cupboard. Additionally, a mop and bucket and additional cleaning products are located in the locked cleaning products cupboard in the cloakroom next to Class 6, should this be required. (padlock code 1947)

RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Any accidents (which are more than something very minor like a small bump (not to the head) must be recorded in the School's Official Accident Book. This is kept by the playground door. Once completed by the member of staff who witnessed the accident, must then be shown and counter signed by a member of the SLT. Parents must also be informed and a bump form completed (parents/carers must then sign this to show they have read it and are aware of

the accident). Any illnesses, diseases and dangerous occurrences must also be reported to the Headmistress and relevant parents (and authorities where appropriate).

When to Call an Ambulance?

In situations where anyone has serious concern about a child's, visitor's or member of staff's health, everyone has the responsibility to call an ambulance (999) if there is any doubt at all about what to do – this includes visitors, staff and pupils.

Policy Reviewed: September 2015 by Josie Cameron Ashcroft, Lucie Moore and Dianne Redbond

Next Review: September 2016

Appendix 1:

Swine Flu (H1N1 variant) – Pandemic Policy Plan Statement for Staff and Parents

If the situation were to worsen, the school intends to:

- inform parents promptly of the situation and the schools' response;
- update that response regularly in line with the emerging situation;
- use email, internet (www.cameronhouseschool.org) and other appropriate means to inform parents, so that advice is prompt and easily accessible;
- act strictly on the generic advice given to the national population by the Chief Medical Officer and appropriate government agencies, such as the Health Protection Agency and IAPS;
- act strictly on the specific advice to schools given by the Medical Officers in Schools Association (MOSA).

If a pandemic was to occur:

- Children who arrive in school ill will be sent to the school office or staffroom until parents arrange their pick up.
- Staff will not be allowed to come to school if they are ill
- Closure of the school would only come as a directive from IAPS or the Government/MOSA

Swine flu symptoms are similar to those produced by ordinary seasonal flu - fever, cough, sore throat, aches, chills and fatigue.

If a child has flu symptoms or feels unwell for any reason, they must stay at home for at least 3 days until fully recovered. Parents should telephone the Headmistress and maintain regular communication before their child returns to school.

Useful Information:

Useful sources of further information can be found at the following websites:

Department of Health – www.direct.gov.uk/en/Swineflu/DG_177814 or www.dh.gov.uk, and then putting "swine flu" into the "search this site" box

Health Protection Agency – www.hpa.org.uk and following the appropriate links

MOSA – www.mosa.org.uk via Schools Section – Medical News

DEFRA – www.defra.gov.uk and following the appropriate links.

NHS – www.nhs.uk/conditions/pandemic-flu/Pages/Introduction.aspx

www.medichecks.com

Appendix 2:

Allergens in food and drink

Displaying allergen information

From 13th December 2014, schools have a legal responsibility to provide the correct allergen information about the ingredients that are in the food & drink served on the premises. There are 14 allergens that need to be clearly identified and displayed so that all those eating the food can see and understand them. Children with food allergies

will be taught how to identify the food and drink that contains ingredients that they need to avoid. Cameron House does not provide lunches for pupils, however, staff should be aware of the allergens list and advise parents/pupils when necessary e.g for planned lessons involving cooking/tasting etc.

The 14 allergens are:

1. Celery (including celeriac)
 2. Cereals containing gluten (such as wheat - including spelt and Khorasan, rye, barley and oats and their hybridised strains)
 3. Crustaceans (e.g. prawns, crab and lobster)
 4. Eggs,
 5. Fish
 6. Lupin
 7. Milk
 8. Molluscs (e.g. clams, mussels, whelks, oysters, snails and squid)
 9. Mustard
 10. Nuts (namely almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio nuts, cashew, macadamia nuts of Queensland nuts)
 11. Peanuts
 12. Sesame
 13. Soya
 14. Sulphur Dioxide/sulphites (preservatives used in some foods and drinks) at levels above 10mg per kg or per litre
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Appendix 3:

Letter from RBKC – November 2014

In the light of all the media coverage about Ebola I thought it would be helpful to write to schools, colleges and early years settings about this. First, I wish to stress that the risk to people in this country from Ebola is very low; as we approach the winter period it is actually more important that we all remind ourselves of the basic hygiene techniques that guard against infection from common winter ailments like [flu](#) and [norovirus](#). (Click the various links in this letter for more information.)

The risk from Ebola in this country is low because:

- it is transmitted by coming into direct contact with body fluids from an infected person who has symptoms, not through transmission through the air like flu;
- people visiting affected countries (Guinea, Liberia and Sierra Leone) are unlikely to be visiting affected areas which are mainly in very poor, rural communities and are thus most unlikely to be in physical contact with anyone who is infected ([Nigeria has now been declared to be free of Ebola](#));
- the World Health Organisation has recommended that people leaving affected countries are subject to screening at airports and land border crossings to identify those who are likely to be at risk of being infected and all people who have travelled from affected countries will also be screened on arrival in the UK; and
- aid workers visiting affected countries are all the subject of risk assessment and close monitoring by Public Health England on return to this country.
- Whilst it is likely that a very small number of people with Ebola will come to this country over the coming months the risk is still very small: people are many times more likely to develop flu than they are Ebola.
- People should only be suspected of having Ebola if they have a temperature greater than 38degC (100.4 degF) or have had such a temperature in the previous 24 hours AND if they have visited an Ebola-affected country within the previous 21 days OR have such a temperature (or have had so in the last 24 hours) and they have cared for someone strongly suspected of having Ebola or they have come into direct physical contact with them or their body fluids. It is important to note that people returning from Ebola-affected countries with these symptoms are actually more likely to have malaria.

- Any such person should be placed in a side room and they, or someone on their behalf, should contact NHS 111 (just dial '111') for advice and inform a child's parents. They should not attend their GP surgery or an A&E department or an urgent treatment centre. They should not travel by public transport.

[More detailed and regularly-updated advice for schools, colleges and early years settings is available from Public Health England.](#)

[NHS Choices also provides answers to 'frequently asked questions' about Ebola.](#)

We will be monitoring the situation with Ebola closely and if there is more advice we should give we will get this to you quickly.

Yours sincerely

Meradin Peachey

Director for Public Health

Westminster City Council; Royal Borough of Kensington and Chelsea; London Borough of Hammersmith & Fulham