



Medical and First Aid Policy

2018-2019

Date	Review Date	Coordinator	Nominated Governor
February 2018	June 2019	Gianna Colizza	

Medical and First Aid Policy

We have a duty of care under The Health and Safety (First Aid) Regulations 1981 to promote the health, safety and welfare of all pupils, school personnel and school visitors by providing adequate first aid equipment, facilities and school personnel qualified in first aid.

We will ensure that under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) that all accidents resulting in death, major injury or the prevention of the injured person undertaking their normal work for more than three days will be reported to the Health and Safety Executive (HSE).

We will ensure that the school provides timely and competent first aid ensuring that provision is up to date and available at all times in school and for all off-site educational visits and sporting events. Pupils and school personnel with specific health needs and disabilities will be given specific consideration including a healthcare plan that details their needs and actions required by the school to meet them.

Aims and Objectives

- To provide adequate first aid provision and medical care for pupils and school personnel.
- To have in place qualified first aid personnel
- To have in place adequate first aid equipment.
- To have in place excellent lines of communication with the emergency services and other external agencies.

Role of the Governing Body

The Governing Body has:

- Delegated powers and responsibilities to the Headteacher to ensure the school complies with The Health and Safety (First Aid) Regulations 1981 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR);
- Delegated powers and responsibilities to the Headteacher to ensure all school personnel and visitors to the school are aware of and comply with this policy;
- Responsibility for ensuring that the school complies with all health and safety (first aid) legislation;
- Responsibility for ensuring funding is in place to support this policy;
- Responsibility for ensuring this policy and all policies are maintained and updated regularly;
- Responsibility for ensuring all policies are made available to parents.

Role of the Headteacher

The Headteacher will:

- Ensure the school complies with The Health and Safety (First Aid) Regulations 1981 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR);
- Ensure adequate first aid equipment, facilities and school personnel qualified in first aid are in place;
- Ensure that the nominated person is suitably trained, has sufficient time to undertake their role and an adequate budget to purchase first aid equipment;
- Train all school personnel in first aid arrangements;
- Ensure all school personnel, pupils and parents are aware of and comply with this policy;
- Provide leadership and vision in respect of equality;
- Provide guidance, support and training to all staff including paediatric first aid training;
- Annually report to the Governing Body on the success and development of this policy.

Role of School Personnel

School personnel will:

- Be aware of first aid arrangements;
- Report any concerns they have on the medical welfare of any pupil;
- Report and record all accidents and first aid treatment administered;
- Attend appropriate training sessions
- Report any concerns they have on any aspect of the school community.

Role of Pupils

Pupils must:

- Report all accidents;
- Listen carefully to all instructions given by the teacher;
- Ask for further help if they do not understand;
- Treat others, their work and equipment with respect;
- Support the school Code of Conduct and guidance necessary to ensure the smooth running of the school;

Role of the Parents

Parents must:

- Be aware of and comply with this policy;
- Inform the school of their child's medical history that may be a cause for concern;
- Complete the necessary paper work before the school administers any medication to a child;

Recording Accidents and Injuries

All accidents and injuries will be:

- Recorded in the Accident Book with all details given;
- Reported to parents in person, by letter or phone

All accidents involving the loss of life or major injury must be reported to the Health and Safety Executive (HSE).

Location of First Aid Boxes

There will be a first aid box in each classroom, staff room, medical room, Head and Deputy head offices. These will be checked by the deputy headteacher on a monthly basis.

Hygiene Procedures

Staff must wear gloves when dealing with accidents involving spillage of bodily fluids. (Refer to Appendix 1 Body Fluid Spillages).

First Aid Procedure

All injuries are normally treated by the designated staff member who holds a current First Aid certificate.

- Assessment of the injury and appropriate action taken.
- All injuries that are treated must be recorded in the Medical Book kept in the Medical Room.
- Gloves must be worn at all times when treating injuries.

Parents must be informed when a pupil has sustained a head injury and the pupil must be sent home with a Head Injury Letter/slip (Appendix 2). Whether the pupil stays at School will depend on severity of the head injury and the decision for that has to be made by the designated staff member. When the child goes home the parents must be given a Head Injury Letter/slip (Appendix 2).

Medical Emergencies

This is when an injury/illness requires immediate medical help or further assessment by doctor.

When a pupil requires further hospital treatment but it is not an emergency, the parents will be contacted, two members of staff will escort the pupil to hospital, one to drive and one to look after the child. Senior management need to be informed.

When an ambulance has to be called other people also need to be contacted:

- Ideally the person who is at the scene of the accident should contact 999 so clear accurate information can be given. See Ambulance Information Sheet (Appendix 3).
- Parents to be alerted.
- Senior management to be alerted.
- Site manager / Receptionist to be alerted.

The accidents/incidences warranting emergency care are situations such as:

- Head injuries where there is a loss of or suspected loss of consciousness.
- Sudden collapse.
- Major wounds needing medical attention.
- Suspected fractures.
- Spinal injuries.
- Use of an Epi-pen
- Major Asthma, Diabetic, Seizure event.

NB The above list is not exhaustive.

In the event of the emergency services being contacted (Appendix 3) the below must be considered:

- Parents must be contacted to ascertain when they can join their child and their wishes with regard to treatment should they be delayed.
- Legally pupils must be sixteen to be given medical treatment without parental consent.

As per the school's terms and conditions, the Head teacher may agree to emergency medical treatment if the parent/guardians cannot be contacted.

- A member of staff must accompany and stay with the pupil until the parent(s)/guardian arrives.
- Contact details must be taken to the hospital.
- Once at the hospital, and the pupil is registered, it is then the hospital's responsibility to undertake further medical contact with the parents.

Reporting of Incidents and Accidents

A school accident form (Appendix 4) and accident book should be filled out for the following events:

- When a pupil has a significant injury that requires further medical/dental intervention.
- When a pupil has sustained a head injury.
- When a pupil has been injured by an item of equipment, machinery or substances.
- When a pupil has been injured by the design or condition of the premises.
- When an accident occurs doing a school activity when off site.
- When a visiting pupil sustains an injury at the school.
- When a behavioural incident has happened and another pupil has been injured.

Reporting to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). Refer to: H.S.E. document "Incident-Reporting in Schools". For additional guidance and how to report see on-line at

General Guidance on RIDDOR reporting:

General guidance is that any pupil who goes directly from School to hospital and receives medical treatment for an injury is reported to RIDDOR.

Headteacher needs to be aware that the accident is being reported.

If the accident/incident is not clear whether to report - it is better to register a report with RIDDOR.

- Copies of this documentation to be kept with the accident form as well as given to the Headteacher.
- Parents should also be aware that the accident/incident is being reported as their child's details and home address has to be given.
- In the event of reporting a RIDDOR incident the Chair of Governors must also be informed.
- Maintaining and Monitoring of Accident Reports

An accident book must be maintained. This can be done in conjunction with the medical treatments book,

At the end of each term a risk assessment is undertaken in order that any additional monitoring can be instigated

Minor Injuries

Often pupils will have bumps and minor injuries in the school environment. The key points to consider in the management of these injuries are:

- To give the pupil plenty of reassurance.
- To clean and get a cut covered as quickly as possible.
- To complete the accident book,

Headteacher:	Gianna Colizza	Date:	13.12.2016
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Chair of Governing Body:	Howard Zetter	Date:	March 2017
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Appendix 1- Body Fluid Spillage Policy

1. Rationale

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimise the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

References

This document is to be used in conjunction with:

The school's Health and Safety policy.

Health Protection Agency guidelines on Infection Control. Up to date versions are available on the internet.

Staff Contact

Facilities/Site Manager to be contacted initially so that s/he can arrange for a member of the team to clean the area appropriately.

The initial clean-up of the situation must be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.

In the event of a member of cleaning staff not being available then there are disposable clean up kits available in the medical room

Initial Clean Up Procedure

Get some disposable gloves from the nearest First Aid kit.

Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).

Put more absorbent towels over the affected area and then contact the Facilities/Site Manager for further help.

The bin that has had the soiled paper towels put in then needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.

Any article of clothing that has got contaminated with the spill must be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.

The area then needs to be cordoned off until cleaned.

If a cleaner is not immediately available, then a disposable cleaning kit will need to be used.

If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

Procedure for Blood and Other Body Fluid Spillage

Gloves to be worn at all times

- Any soiled wipes, tissues, plasters, dressings etc. must ideally be disposed of in the clinical waste bin (Yellow bag). If not available, then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.
- When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so absorbing the spill.
- If a disposable spillage kit is available, then the instructions for use should be followed.
- If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.
- Wash hands.
- All yellow bags to be disposed of in Yellow bins as the school could potentially be fined if not adhered to.

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

Percutaneous injury e.g. from needles, significant bites that break the skin.

Exposure to broken skin e.g. abrasions and grazes.

Exposure of mucous membranes, including the eyes and mouth.

Action to take:

If broken skin encourage bleeding of the wound by applying pressure – do not suck.

Wash thoroughly under running water.

Dry and apply a waterproof dressing.

If blood and body fluids splash into your mouth – do not swallow.

Rinse out mouth several times.

Report the incident to the designated staff member and Senior Management.

If necessary, take further advice from NHS Direct.

An accident form must be completed and it may need to be reported to RIDDOR.

Needlestick injury policy

If there is any accidental injury to the person administering medicine via an injection by way of puncturing their skin with an exposed needle, then the following action must be taken:

- o Bleed the puncture site
- o Rinse the wound under running water for a few minutes
- o Dry and cover the site with a plaster
- o Seek medical advice immediately

You may be advised to attend Accident and Emergency for a blood test

Information on how the injury occurred will be required

Details of the third party involved will be required

If the third party is a pupil, then the parents must be made aware that their child's details will have to be given to the medical team who are caring for the injured party.

This all needs to be undertaken with the full permission of the Head or Deputy Head

- o An accident form must be completed

Appendix 2 - Head Injury Letter/Slip

Date:

Dear Parent/Carer

I would like to inform you that _____
banged his/her head at approximately _____am/pm today.
Your child was checked and treated, and has been under supervision since. If any of
the following symptoms appear within the next 48 hours, it is advised that you seek
immediate medical advice.

Drowsiness	Vomiting
Severe Headache	Slurred Speech
Dilated Pupils and/or Blurred Vision	

Yours sincerely

I'VE HAD A BUMP!

Dear Parent/Guardian

_____ had a bump today.

Details:

If your child shows symptoms of nausea, vomiting, blurred vision or dizziness following a head bump within 24 hours of the injury taking place, please seek immediate medical attention

Date _____

Signed _____

Appendix 3 – Ambulance information –

Dial 999, or 112 (Mobile Phones) ask for an ambulance and be ready with the following information.

1. Your telephone number: 020-7884-5102
2. Give your location as follows: 228 Walm Lane, London
3. State that the postcode is: NW2 3BS
4. Give exact location in the school where the incident has occurred

Ambulance to come to the stated location and a member of staff should be there to meet them

5. Give your name
6. Give name of pupil and a brief description of the pupil's symptoms.

If ANAPHYLATIC SHOCK state this immediately, as this will be given priority.

1. Give any medical history and known medications that you know this pupil may take.

Refer to the Medical Alert list

1. If you are unsure of how to manage the Casualty, you can keep the Ambulance Operator on the telephone and get them to talk you through what you should be doing.

OR you can ring them back at any time.

REMEMBER TO SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED

P.T.O.

POINTS TO REMEMBER

- Get help
- If called for an ambulance, then inform:

Reception and give CLEAR details of where the Ambulance is coming to.

Member of staff to meet the Ambulance crew

Senior Management Team

The above will then decide who informs the parents.

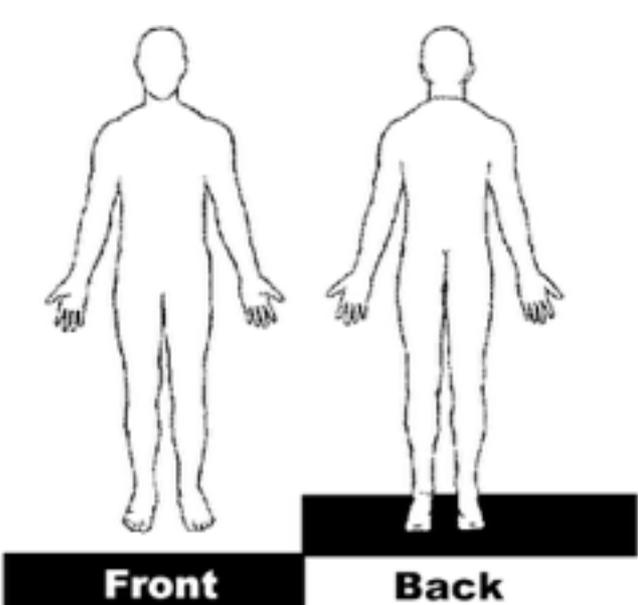
Any witnesses to the accident need to stay, be reassured and available to give details to the ambulance crew or to the member of staff managing the incident.

An Accident Form must be filled in and informing RIDDOR must be considered.

PART C – ABOUT THE INJURED PERSON

Full Name of injured person	Form	Male/Female
Is the injured person:		
An employee	A member of public	
A student	On training scheme	
On work experience	Employed by someone else (attach details)	
Was the injured person taken to hospital Yes/No		
If Yes, please state which hospital.....		
Immediately?	At a later date? When?	
Seen by a doctor Yes/No		
If Yes please state which doctor		
Immediately?	At a later date? When?	

PART D – ABOUT THE INJURY

<p>Description of the injury should be detailed. Include left/right, front/back, location, size; whether it is a graze, a bump or a cut, bruise etc. Take into account other factors such as pallor of skin, breathlessness, pulse, blurred vision, slurred speech, clammy skin, and temperature (hot/cold)</p>	<p>What part of the body was injured (see picture, clearly mark with an X)</p> <div style="text-align: center;">  <p>Front Back</p> </div>
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IF THE INJURED PERSON GOES TO HOSPITAL FROM SCHOOL THE FOLLOWING INFORMATION MUST ACCOMPANY THEM: NAME, DOB, DR.'S NAME, MEDICAL INFO, AND PARENT/NEXT OF KIN CONTACT NUMBERS.

PART E – ABOUT THE ACCIDENT

Describe what happened – Give as much detail as you can for example, the events that led up to the incident, the part played by any other people, any substance or machinery involved. Please attach another sheet if necessary.

Please tick one:

I did see the accident happen

I did not see the accident happen

Please state names of any witnesses

.....

PART F – ABOUT THE TREATMENT GIVEN

Signature if different from person in PART A

Date

Appendix 5: IMMUNISATIONS

Please complete – (A copy of the ‘immunisation page’ in the Personal Child Health Record.

Immunisation	Date Given	Any Reactions
2 Months		
Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus Influenzae type B (Hib) One injection – DTaP/IPV/Hib		
Pneumococcal infections One injection – PCV		
Rotavirus gastroenteritis - (Rotarix) - oral		
3 Months		
Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus Influenzae type B (Hib) One injection – DTaP/IPV/Hib		
Meningitis C (Meningococcal group C) One injection - Men C		
Rotavirus gastroenteritis – (Rotarix) oral		
4 Months		
Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus Influenzae type B (Hib) One injection – DTaP/IPV/Hib		
Pneumococcal infections One injection – PCV		
Between 12 and 13 Months		
Haemophilus Influenzae type B (Hib) Meningitis C (Meningococcal group C) One injection – Hib/Men C		
Pneumococcal infections One injection – PCV		
Measles, Mumps & Rubella One injection – MMR		
Between 3.5 – 4 years		
Diphtheria, Tetanus, Pertussis (whooping cough), Polio One injection – DtaP/IPV		
Measles, Mumps & Rubella One injection – MMR		