



# **FIRST AID & MEDICINES POLICY**

Written by	Mrs S Goodwin
Date of policy review	September 2025
Next review date	September 2026

## First Aid & Medicines Policy

This policy is a whole school policy and informs practice across the setting. Health and Safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In school this includes teaching and non-teaching staff, pupils and visitors (including contractors). Employer's duties also include ensuring that there is adequate and appropriate equipment and facilities for providing first aid and that this is available at all times. Arrangements for first aid are based on a risk assessment of the school and relate directly to the individual needs of those that regularly access the building.

The School ensures that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. In the event of a claim alleging negligence by a member of the school staff, action is likely to be taken against the employer rather than the employee. Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

### **Appointed Persons**

The appointed person for paediatric first aid at The Hall School is **Mrs Erb**.

Paediatric First aid trained staff at the School are:

Mrs Erb	Ms Atkin	Miss Mihaila
Ms Howlett	Miss Sadak	Miss Cronin
Mrs Freeman	Mrs Taylor	Ms Askar
Miss Farr	Mrs Kamran	

### **General First Aid Provisions in the school:**

- The arrangements for first aid provision will be adequate to cope with all foreseeable major incidents.
- The number of certificated first-aiders will not, at any time, be less than the number required by law, and will cover both paediatric and adult first aid.
- Supplies of first aid material will be held in the First Aid Kits (the smaller kit in the staff room and the larger kit kept in the cloakroom and taken outside for breaks etc.). The materials will be checked regularly and any deficiencies made good without delay.
- Adequate and appropriate first aid provision will form part of the arrangements for all out-of-School activities.
- An accident form will be completed for each occasion any member of staff, pupil or other person receives first aid treatment either on the School premises or as part of a School-related activity. Parents/Carers must mark the eyLog as complete to acknowledge receipt of the information regarding the injury.
- The senior management team will review this policy statement annually and update, modify or amend it, as is considered necessary to ensure the health, safety and welfare of staff and pupils.
- It is the policy of the school that new staff are told about the first aid arrangements during induction training.
- All staff are required to be given the opportunity to attend a first aid training course.

### **Protocol for Minor Injuries:**

Staff are considered able to treat minor injuries such as scrapes or grazes (where there is no open wound or substantial bleeding) with cotton wool and water to clean the area. A plaster is not normally necessary but may be applied for a placebo effect if felt appropriate. The teachers do not need to fill in the accident report if they have only administered water for cleaning, a placebo plaster and TLC.

All injuries more serious than this should be referred to the first aider to deal with. Certainly any open wounds, bleeding, head injuries or strains should be referred immediately to the first aider and documented in an eyLog accident report. It is essential that the parents mark the form as complete to acknowledge receipt of the information regarding the accident. Teachers and other staff caring for the child in question should also be informed as quickly as possible especially if it is a head injury. If staff are not already aware, they can get advice from the first aider on signs and symptoms of a more serious problem resulting from a head injury and should be vigilant with that pupil for the remainder of the day.

### **Protocol for Discovering a Serious Incident:**

On discovering a serious incident always **inform the appointed first aider** who can respond appropriately. If you are the first aider then inform another member of staff you are dealing with an incident and may need help. That member of staff should find the child's white card and call an ambulance if necessary. Inform the Head Teacher of the incident as soon as possible who will in turn contact the parents/carers of the child.

### **If an Ambulance is needed:**

Whilst guidance can be provided on when to call an ambulance, each incident will require an element of common sense. However, if an Ambulance is needed there are some injuries/illnesses which are always best dealt with by the emergency services. These include:

- Serious head injury (involving loss of consciousness or blood /clear liquid coming from ears or signs of concussion ie confusion/reduced consciousness level /visual disturbance/vomiting).
  - Obviously fractured bones where moving the casualty will cause pain or further injury.
  - Severe bleeding.
  - A severe allergic reaction (Anaphylaxis).
  - If child is unwell and poisoning is suspected.
  - An asthma attack which continues despite delivery of reliever inhaler (see "Asthma Policy").
  - Any person with reduced consciousness level of any cause.
  - Epileptic fit.
  - Any fall from height.
  - Any trauma to the head/neck which results in neck pain.
  - Any rash in an unwell child that does not blanch with the 'tumbler test'.
  - Penetrating eye injuries.
- (NB: this list is illustrative only)

**A member of staff should go in the ambulance after checking the ratios. Duty is to children at the school and classes may need to be combined to free up a member of staff to go to the hospital with the child. If an ambulance is called contact the parents/guardians immediately and ask the parent to come to the school or meet the child at the hospital, whichever is most appropriate.**

- Other staff should gather all the children away from the incident, keeping them all occupied within quiet controlled games.
- Complete an accident form as fully as possible and provide the Head Teacher with a copy of it within 24 hours. Where contact has been made with the parent/guardian verbally or through sending a note home, please detail this on the accident form.
- A Riddor report form or Ofsted notification may also be required if an ambulance has been called for, or if a child has any serious injury e.g. a fracture or a break.

## **Head Injuries**

All bumps or knocks to the head should be recorded on the Eylog, regardless of whether a mark or bump are visible. Head injuries should also be checked at regular intervals and recorded on the head injury form during the school day and parents informed on collection and handed a copy of the form. Should the injury be serious, the child is or becomes unconscious/confused, the emergency services should be called as per the directions above.

## **Body Fluid Spillage**

The School have instructed their staff on the adequate safe disposal of spilt body fluids such as blood, vomit, urine and faeces and of the need to cordon off spillage areas as appropriate. Staff use an absorbent powder to make the cleaning up of such fluids safer and more effective. Adequate cleaning materials are available across the school and all staff are fully aware of the need to wear disposal gloves when handling such fluids. For further details please see the 'Disposal of Bodily Fluids' procedure.

## **Medicines and Medical Conditions**

Although we do not have a qualified nurse on the premises, all of our staff have undergone a recognised first aid course, and will be on hand to manage all accidents and illnesses. In the event of emergencies Mount Vernon hospital is two minutes away by car, or Watford General Hospital which is a ten minute drive.

On admission to the school, parents are required to complete a form regarding their child's status. This gives us details of health care and possible problems, allergies, etc with an emergency contact number should we be unable to reach the parents. It also gives the school written authorisation to take the child to hospital for treatment should the first aider feel it is necessary.

Legally, schools are not compelled to administer medication to children, because of the risks involved and possible legal consequences. We will administer prescribed medication provided we have a medicine consent form giving the required dosage etc. Medication administered must be added to the medicine consent form, and the time and date initialled by the member of staff responsible and a second member of staff who checks the dosage, medicine and time. We will also administer Calpol to a teething baby or a child with a high temperature (above 38 degrees), after verbal permission from parents. This must be administered by a member of the management team. Once the parent comes to the school, they will be asked to complete a medicine consent form and then take the child home. Only one dose of Calpol is to be administered.

The school does impose certain conditions before it will administer medicine to children in its care.

1. All medicines must be clearly marked, with the name of the child, the dosage and times that medicine should be administered. If this information is not clear, a doctor's letter is required before the medicine can be administered.
2. Parents must hand the medicine directly to the child's teacher

If your child receives any antibiotics, they must stay off school for the first 24 hours after the first dose in case of any allergic reactions; this applies even if they have had the same antibiotics on a previous occasion.

Training is given for the management of asthma, anaphylaxis and first aid. If a child develops a chronic illness, such as diabetes, a specialist nurse and parents are invited into the school to give training to those involved in the care of the child. (Please refer to the appendices for further information)

## **Dealing with Sick Children:**

If a child becomes ill, develops a temperature or is recognised as having a contagious infection during the day, we will contact the parents/guardian and ask for the child to be collected immediately or as soon as is practicably possible.

If a child is sick in the classroom, another teacher will be called to take responsibility for the well-being of the children, while the class teacher helps the sick child. An ambulance will be called where necessary.

**Disposable gloves and aprons must be used when attending to a sick child or cleaning up any spills or bodily fluids.** (For further information see the procedure for cleaning up bodily fluids).

Parents are asked not to send their child to school if there is any doubt about their health. Parents must inform the school for the reason for the child’s absence either by phone or by letter. If no such contact is made the school will contact the parent. Although this is only a statutory requirement for children in Reception class and above we would appreciate a courtesy call from all other children in the school to ensure we can be vigilant to signs and symptoms in other children.

Parents are informed immediately of any serious/contagious illness within the school and medical advice will be sought if the first aider feels it is necessary or in the case of a notifiable condition or disease. The exclusion periods below are for the safety of your child as well as the other children.

**Incubation and exclusion periods of the common infectious diseases**

Disease	Usual incubation period (days)	Interval between onset of illness and appearance of rash (days)	Minimum period of exclusion provided child appears well (days)
Chicken pox	10 - 21	0 - 2	Until all the spots have scabbed over
Dysentery (Diarrhoea)	1 - 7	-	Until 48 hours after cessation of diarrhoea and a normal diet has been resumed.
Food poisoning	0 - 2	-	Until declared fit and a normal diet has been resumed
German measles *	14 - 21	0 - 2	Until clinical recovery
Infective jaundice	14 - 42	-	Until clinical recovery
Measles	7 - 21	3 - 5	Until clinical recovery
Meningitis (bacterial)	2 - 10	-	Until clinical recovery and bacteriological examination is clear
Meningitis (viral)	0 - 21	-	Until clinical recovery
Mumps	12 - 28	-	Until disappearance of all swelling
Scarlet fever	2 - 5	1 - 2	Until clinical recovery
Whooping cough	5 - 14	-	Until clinical recovery

\*German measles: If a case is confirmed with a child who has been at school recently, remember to inform staff and parents. It can be very dangerous in the early stages of pregnancy.

**Exclusion periods of the common infection**

Disease	Minimum period of exclusion
Impetigo	Until spots have healed, unless lesions can be covered
Pediculosis (head lice)	Until treatment has been carried out
Conjunctivitis	Exclusion for a minimum of 24 hours from first dose of antibiotic eye drops and until eyes are no longer weeping.
Verrucae (plantar warts)	Exclusion from barefoot activities until certified free from infection
Ringworm of feet (athlete's foot)	Exclusion from barefoot activities until certified free from infection
Ringworm of scalp or body	Until adequate treatment administered, provided lesions are covered
Threadworm	Until adequate treatment administered
Scabies	Until adequate treatment administered

## Appendix A: ASTHMA MANAGEMENT

The Hall School's asthma procedures has been written with advice from the Department for Education, the Asthma UK charity, the Local Authority, the local asthma nurse and parents/carers.

### Aims

- To enable all asthmatic children to follow a full curriculum as is their entitlement.
- To ensure that all asthmatic children are known to staff and procedures are carried out for their benefit.
- To enable staff and pupils to understand the problems involved with the condition and how to deal with them.
- To encourage parents to keep the school informed of developments in the condition of their children.

### Practice

- Any pupil who suffers from any form of asthma is required to have their prescribed medication/pumps in school at all times. In addition, a letter giving specific dosage instructions from their GP and /or surgery Asthma Nurse must be sent in to be kept in the pupil records.
- Medication for each pupil is kept in the staff room along with an asthma card issued by the child's GP.
- A generic Volumatic spacer is also kept in the staff room with alcohol free wipes used to ensure this is cleaned between uses.
- **Only reliever inhalers (blue) are administered at school.** Preventative inhalers (brown) should be administered at home. We do not administer any alternative asthma medication (eg: ventolin liquid)
- Each class teacher must check for "use by" dates and inform parents in good time of the need to replace any medication.
- All relevant medication must be taken on all school outings.
- Parents should be informed verbally and in the child's diary the same day that medication has been given along with the dosage, time and date.
- Parents of asthmatic pupils are responsible for keeping the school informed of any problems, concerns or changes to their child's reliever medication. This home/school partnership ensures each child's condition is closely monitored.
- Medication will be administered following medical instructions and two members of staff must be present to ensure that the individual instructions are correctly followed. One member of staff must record and witness the dosage administered by the second member of staff; both members of staff must sign and date the medication form.
- Should a child suffer an asthma attack, the reliever medication will be administered. In the event of any concerns or lack of response to the medication after 10 minutes an ambulance should be called immediately and medical advice sought.

## **Appendix B: ANAPHYLAXIS MANAGEMENT**

### Background

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. In school age children the most common allergens are; peanuts, tree nuts, eggs, cow's milk, fish and shellfish, wheat, soy, sesame, latex, some insect stings and medication. The key to prevention in schools is knowledge of students who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to the triggers. Partnership between schools and parents are vital to ensure that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen auto injector in the muscle of the thigh is the most effective treatment for anaphylaxis.

For more information: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) -schools and setting up a management plan. Also see Supporting Pupils at school with medical conditions (2015).

### Parents/ Carers responsibility:

To provide school with an up to date treatment plan or letter of authorisation signed by the prescriber.

To provide school with all prescribed medications, that is within the use by date.

To inform school of any changes.

### School's responsibility:

To ensure the procedure is reviewed on a regular basis.

For all school staff to receive training from the school nursing service.

To risk assess and manage students in all areas of school, including many various activities and including trips outside school.

To ensure medication is easily accessible at all times.

School to have systems in place to ensure staff are aware of all students with anaphylaxis.

