



## First Aid & Medical Procedures

This is a whole school policy and is applicable to all pupils and staff, including those in the EYFS and Wyvern.

The Trustees acknowledge their responsibility for ensuring that this policy is effective in its implementation and meets all current regulatory requirements. An annual review of this policy is undertaken where revisions may be made and any deficiencies or weaknesses can be remedied without delay.

This Policy aims to:

- Provide guidance for all staff in the School regarding the procedure for First Aid on School sites as well as for off-site activities;
- Seek to prevent staff from placing themselves at risk;
- Continue to monitor and improve the quality of First Aid service in the School.
- Provide guidance for all staff regarding supporting pupils with medical/health needs in School.
- Ensure that the school implements this policy in a timely and competent way.

### FIRST AID

#### Automated External Defibrillator (AED) locations:

Junior Staffroom - Kenilworth  
Cockleshell Community Sports Centre

#### First Aid kits can be found in the following locations.

Livesey House:	Main Office Staff Room Science Laboratories Deputy Heads Office (upstairs)
Clarendon House	Staff Room Head of Middle School Office
The Cottage	1st Floor Medical Room Design Technology Room
Junior school:	Staff room Playground Kitchen
Pre-Prep Dept.	Lower II classrooms (2)
EYFS:	Swans Kestrels Lower I Classroom

Mayville High School employs a Health & Safety Officer who is an experienced first aider and a Student Welfare officer, who both work full-time and therefore are present during school hours. Additionally, there is at least one qualified first aider in every part of the school and who is present in Holiday club and in After Care when pupils are present. A first aider will also be present during out-of-hours activities and school trips where pupils are present.

**A standard first aid kit is carried in all minibuses.**

First aid boxes are to be checked regularly by the Welfare Officer. Each box should contain a list of contents.

A full list of current first aiders is available from the school by request.

The Health & Safety Officer is responsible for organising appropriate training courses and for maintaining an up-to-date list of First Aiders. First aid training is provided at least once every three years for both paediatric and emergency first aid in schools.

The medical room and Welfare officer are located on the first floor of the Cottage building.

## **EYFS**

The responsibility for the first aid in EYFS is held by the Early Years manager and the Welfare Officer. One person with paediatric training must always be on site when pupils are present. All permanent staff hold a full paediatric first aid certificate. There must always be a paediatric trained person present on all trips and visits when pupils leave the school site.

### **First Aid Kits in EYFS**

It is the responsibility of the Welfare Officer to check the contents of all first aid kits every 3 months and record findings on the Children's Services First Aid Kit Checklist (CSAF-003). Completed checklists are to be stored in the monthly first aid health and safety file.

### **Notifying parents or carers**

In the event of an accident involving a pupil, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury
- requires attendance at hospital

In the event that parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider, key person or another member of staff remains with the pupil until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider/key person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

### **Medicine in EYFS**

Medicine (both prescription and non-prescription) is only administered to a pupil where permission for that particular medicine has been obtained from the pupil's parent and/or carer. Medicines must be in the original container, be clearly labelled with the pupil's details and in date. We keep a written record on Schoolbase each time a medicine is administered to a pupil, and inform the pupil's parents and/or carers on the same day.

We will also administer Calpol and Piriton, if felt to be necessary but will seek parental permission first before administration via a phone call. If the parent does not answer the call, we will leave a message and

wait for the parent to return the call before administration of any medicines. All records of administration are recorded on Schoolbase and emailed to parents before collection of the pupil. In the event of a different person collecting the pupil they are informed verbally upon collection.

### **Administration of medicine in the Main School**

There is no legal obligation upon the school to administer medicine. The Headteacher reserves the right to withdraw this service.

No personal medication should be given unless it has been prescribed by a doctor. The Welfare Officer or First Aider will administer medication prescribed by a Doctor, provided it is absolutely necessary and the parent or career has given written permission, sometimes, consent can be given over the phone with an email to confirm the conversation. Wherever possible, pupils should only bring to school sufficient medication for that day, but it must be in the actual original container giving dosage, name etc. The medicine should be taken home at the end of the day if possible.

During the day the medicine for the Seniors should be kept safely in the medical room, Deputy Head's office or main school office. In the Junior school there is a lock box located in the Ecclesiastical building and Kenilworth. In EYFS there is a lockbox in the kitchen area in Kestrels.

### **Paracetamol and Ibuprofen**

A small supply of paracetamol and Ibuprofen tablets is held in the Deputy Head's office, the medical room in Cottage and the main office. Calpol is also available in the Medical room, Pre-prep, Junior and EYFS. These can be replenished when first aid kits are checked. Authorisation to give paracetamol or Ibuprofen will be obtained from parents/careers annually. Junior/Pre-prep pupils should only be given medicine after consultation with the parents/careers. Senior pupils are more likely than Juniors to require tablets – most commonly for period pains. ONLY THE WELFARE OFFICER OR FIRST AIDERS TRAINED IN ADMINISTRATION OF MEDICINE should administer medicine to pupils. Medicine should be given at the discretion of the Welfare Officer or Health and Safety Officer and ONLY if he/she feels this is really necessary. Before administering, the Welfare Officer, first aider or Health and Safety Officer should check whether the pupil is taking any other medication or if they have already taken paracetamol or Ibuprofen within the last four hours. If so, then no paracetamol or Ibuprofen should be given.

Every medication administered must be recorded in the administration section on Schoolbase.

The Welfare Officer, first aider or Health and Safety Officer should note the date, time, to whom the tablet was given, the expiry date, witness (any other adult) and the reason. They must then email the parent through Schoolbase to notify the pupil has had medication. The Welfare Officer will check these records fortnightly and contact parents if there is any cause for concern. It is important this is logged as soon as possible when the pupil has the medication so staff can see they have been administered it.

Dosage:            Infant Calpol - 5ml  
                      6 plus Calpol - 5 ml  
                      Juniors – half a tablet  
                      Seniors – one tablet  
                      16 years+ – two tablets if needed.

### **Other Medication & Permissions**

Authorisation to administer Bonjela, Piriton, Savlon, Strepsils and to apply Anthisan and Sunscreen is obtained from parents/careers annually. This information is available on school base and all staff must check permissions before administering or applying. Staff must also follow the correct dosage on the label for the product depending on the pupil's age. Once any of these medicines or creams have been administered staff must record it on Schoolbase and email home.

## **Unwell pupils**

Pupils who are unwell should not be brought to nursery/school. If parents bring children who are unwell to nursery/school, they will be asked to take them home again. Parents must notify staff if their child has been unwell at the weekend or at night, and if they have been given any medicine prior to coming to the setting. Any pupil who has had sickness or diarrhoea must not return to nursery/school until at least 48 hours after the symptoms have ceased.

We understand the needs of working parents and do not aim to exclude pupils from the setting unnecessarily. However, the decision of the setting is final when requesting that a pupil is collected due to illness or infection. Decisions will take into account the needs of the pupil and those of the other children and staff in school.

Pupils with infectious or contagious diseases will not be permitted to attend for certain periods. If staff suspect that a pupil has an infectious or contagious disease, they will request that parents/carers consult a doctor before returning the pupil to the setting. Staff will use guidance of infectious diseases from the Public Health Agency. The school will seek advice on managing specific infectious diseases and will ensure the correct procedures are followed accordingly. All staff are aware and encourage good basic hygiene practices such as regular hand washing and encourage children to do this also.

### **Pupil becoming unwell at the setting:**

They will be seen by a qualified first aider as the condition of the pupil needs to be assessed. The individual care plan will be followed if relevant. This will be done in a kind and caring manner. The pupil may be distressed, so it is important to be calm and reassuring. The school office will be informed of any sick pupils. The situation is monitored closely, taking and recording the pupil's temperature where necessary using an electronic ear or forehead thermometer.

The pupil's parent/carer will be informed of the situation and if the child's condition does not improve. If necessary and only if the parent/carer has been contacted Calpol will be administered following the guidance on bottle dosage. If the pupil is in the main school they may have permission granted for Calpol from permission granted at the beginning of the school year. If the pupil's condition deteriorates further or the pupil is not getting better a member of staff will contact the parent/carer/emergency contact requesting that the pupil is collected as soon as possible.

Whilst awaiting the arrival of parents, the staff will ensure the comfort of the pupil, taking appropriate action, which would include seeking medical advice if necessary. An illness record will be completed.

## **Allergies and choking in EYFS**

Before pupils are admitted to the setting, we obtain information about any special dietary requirements, preferences and food allergies that the pupil has, and any special health requirements. We record and act on information from parents and carers about a pupil's dietary needs and all information is passed to the kitchen manager and shared with all staff who may come into contact with the pupil.

Fresh drinking water is available and accessible to pupils at all times and we encourage parents to provide a named water bottle for their child.

We have designated areas for the provision of healthy meals, snacks and drinks for children as necessary and facilities for hygienic preparation of food for the pupils. All staff responsible for preparing and handling food undertake Food Hygiene training.

Our curriculum encourages the pupils to learn and discuss the need for healthy choices and for good oral health and we encourage parents to support this also.

We ask that pupils with packed lunches have a balanced lunch and staff will encourage the pupils to eat savoury and healthy items first before eating any treats. We ask that pupils do not have sweets or any items

containing nuts in their lunch boxes as these will be removed and given back to the parent at the end of the day. We also ask that parents are aware of any food items that may be in their pupil's bags and that sweets and any items containing nuts are removed prior to coming into the setting.

Any food poisoning affecting two or more pupils cared for on the premises will be reported within 14 days of the incident. We understand that failure to comply with this requirement is an offence.

Staff are trained with regular refreshers on the hazards of choking. The school also has an anti-choking device available for quick removal of the obstruction. In EYFS, it is a requirement that a member of staff sits with the pupils while they are eating.

## **Allergies**

All Staff should be aware of which pupils have any allergies that could lead to a severe allergic reaction. EpiPens/auto injectors are kept in the relevant rooms for junior pupils. Senior pupils should carry two EpiPens/autoinjectors with them at all times. A spare EpiPen/auto injector should be kept in the kitchen and/or in the medical room depending on the allergy, clearly named and not exceeding the expiry date.

Notice from parents will need to be taken of any dietary requirements of any particular child and adequate supervision of the other children must be maintained to prevent children innocently introducing an allergen to the child.

Necessary training will be given to staff as appropriate to deal with specific emergencies.

Emergency kits MUST accompany these pupils out on all school trips. (i.e. on all occasions when they leave the school site).

## **Anaphylaxis**

This is a medical emergency. It can be very serious if not treated quickly.

- Use an adrenaline auto-injector if the person has one – make sure you know how to use it correctly first. (Blue to sky and orange to thigh for EpiPen – black top off and 90 degrees for Jext)
- Call 999 for an ambulance immediately (even if they start to feel better)
- Remove any trigger if possible – for example, carefully remove any wasp or bee sting stuck in the skin
- Lie the person down flat – unless they are unconscious, pregnant or having breathing difficulties
- Give another injection after 5-15 minutes if the symptoms don't improve and a second auto-injector is available.
- The school has a spare adrenaline auto-injector which can be given to pupils with anaphylaxis in an emergency if they do not have their adrenaline auto-injector, if consent from parent/career has been gained. This cannot be given to pupils with anaphylaxis who do not have a known allergy, unless under the advice of the ambulance call handler.

## **Hygiene Procedures for Dealing with the Spillage of Body Fluids**

If a pupil is sick, the area should be cleaned thoroughly by a responsible adult. (Spillage kits are available for this.) Hygiene procedures for dealing with the spillage of body fluids. If there is a spillage of body fluids, a spillage kit should be used.

The following guidelines should be observed:

- Cordon off the area from pupils and staff
- Wear disposable gloves and apron if necessary

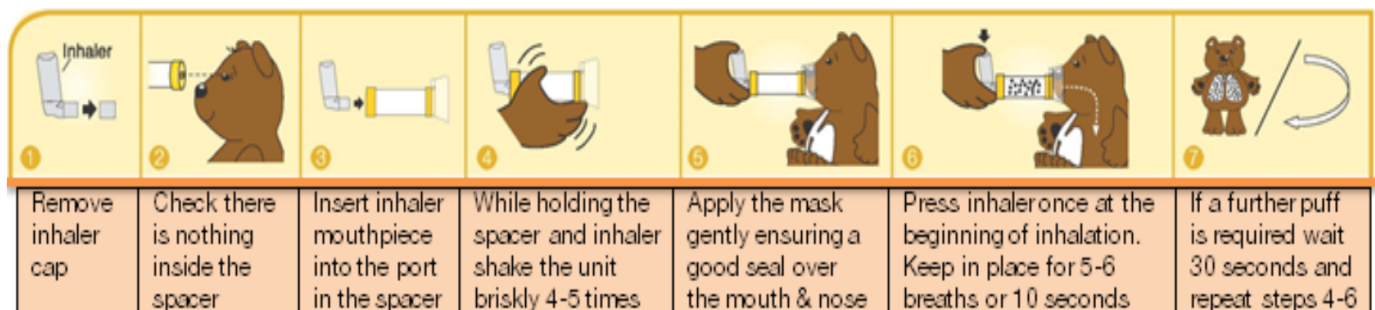
- Cover spillage with absorbent crystals and leave for a few minutes to take effect
- Use disposable cloths to wipe up debris
- Clear all paper and debris into disposable yellow bag
- Clean the area with disinfectant
- Place cloth and gloves into disposable yellow bag
- Thoroughly wash your hands with soap and water and dry on a paper towel.

## Asthma

Asthma inhalers should be clearly labelled and kept in the classroom for immediate access for junior and pre-prep pupils. Senior pupils are responsible for their own inhalers and staff should check they are carrying them. Inhalers should be available for children on trips and PE lessons. The medical room should have a spare inhaler named for each child and there is an emergency school inhaler in the main office and the medical room.

### In the event of an Asthma attack

- Keep calm and reassure the pupil. If the pupil panics, it may hinder their breathing further.
- Encourage the pupil to sit up and sit slightly forward.
- Use the pupil's own inhaler – if unavailable, use the emergency one.
- Immediately help the pupil take two separate puffs of the inhaler using a spacer.
- If there is no immediate improvement, continue to give two separate puffs every two minutes, up to a maximum of ten puffs in total.
- Stay calm and reassure the pupil. Remain with them until they feel better. Once recovered, they can continue with school activities. If they require six-ten puffs or they become unwell again within four hours, parents should be contacted to collect them from school and they should arrange an urgent GP appointment.
- If the pupil does not feel better or you are worried at ANY TIME before you have given ten puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive within ten minutes, administer another ten puffs in the same way.



## Diabetes

The school will work closely with the parents/carers and the HCP team to manage a pupil's diabetes in school. Staff will be given all necessary training.

Parents should be informed of all planned trips. Staff should consider the timing of meal breaks and/or snacks on the trip and ensure any medication is always taken with the pupil.

Ask parents if any aspects of the pupil's care might change, or if there is any particular area they would like the school's help with, e.g. taking responsibility for certain aspects of care as the pupil grows up

As the pupil starts in a new year group each year, there must be a discussion with parents, existing staff and new staff. This discussion should consider if there are any other changes that might affect them, such as changes to the school curriculum, timing of lunch and breaks or storage of medication and equipment. There will be training for new staff and carers with regular refreshers.

Allow time for new staff carers to work with current staff carers so that they build up their confidence and the student feels comfortable with them.

Update the student's individual healthcare plan if necessary.

## **Epilepsy**

### **All pupils with diagnosed epilepsy will require an individual healthcare plan (IHP)**

The information about the pupil's medical condition and specific needs should be recorded in an IHP. The IHP should make it clear what specific support the pupil needs, when it should be provided and who is responsible for making sure that the pupil gets the support they need.

To produce an IHP, the school will work together with parents/guardians and the pupil, and a relevant healthcare professional. This could be the child's epilepsy specialist or epilepsy specialist nurse along with the School's medical officer. Here is a recommended list of things to discuss when drawing up an IHP:

- The type of epilepsy
- Type of seizures
- What happens before, during and after a seizure
- How long seizures last
- Appropriate first aid
- What the school should do after the pupil has had a seizure
- How long the pupil needs to rest following a seizure
- When the school should call an ambulance
- What the school should do in an emergency
- Triggers for the pupil's seizures (if any)
- Any warnings the pupil has that they may be about to have a seizure (for example a headache or an aura)
- Any medicine taken, and when the pupil needs to take it
- Any medicine side-effects that the school needs to be aware of
- Any particular activities that may put the pupil at risk, and what can be done to reduce the risk
- Any adjustments that need to be made to the classroom environment, to support learning
- Any other provisions the school needs to make, for example extra time in exams
- Any other medical conditions the pupil has

- Who the healthcare professionals involved in the care are
- Any behaviour or emotional issues that the school needs to be aware of.

IHPs should be reviewed every year, or earlier if the pupil's needs change. They should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing.

## **Head injuries**

**(These are classified as any injury to the face or head)**

### **Minor bump to head**

A minor bump to the head is common in children, particularly of primary school age.

A minor head bump is where:

- The child is asymptomatic, i.e.. no dizziness/no headache/no nausea or vomiting
- There is no bruising
- There is no swelling
- There is no abrasion or only minimal temporary redness
- There is an initial complaint of a headache that is more reflective of the initial pain of the bump, rather than an actual headache

Treatment and Action:

- Reassurance and comfort, whilst you observe to check that they are asymptomatic
- A cold compress, such as a wet paper towel, may be utilised. An ice pack may be required
- First Aider to contact their current teacher if they are currently in a lesson to continue to monitor the pupil
- Parents to be informed via email and/or telephone call.

### **Minor head injury – no loss of consciousness**

A minor head injury is one that has caused a bump, bruise, abrasion on the exterior of the head. Other symptoms may include:

- Nausea
- Mild headache
- Tender bruising/swelling
- Mild dizziness

Treatment and Action:

- Ask how they are feeling and ask three simple questions e.g.. What day is it today? Who is your teacher? When is your birthday? Questions may vary depending on age.
- An ice pack to any swelling only
- Sit and rest
- First aider to input accident information on Schoolbase
- Parents to be informed via email and telephone



If ANY of the following symptoms are displayed, the pupil will need to be collected and taken to the Minor Injuries Unit/Urgent Treatment Centre:

- Loss of consciousness/confusion/drowsy
- Loss of balance/difficulty walking
- Loss of power in arms/leg
- Clear fluid from nose/ear
- Significant headache not eased by pain relief
- Vomiting
- Seizure

### **Severe head injury**

Call an ambulance and state '**severe head injury to a child**'. Contact the Welfare officer and/or the Health & Safety Officer.

If suspected neck injury – **do not move them and send for help!**

Keep them warm and reassured until the ambulance arrives.

SMT will coordinate the arrival of the ambulance

School Office to contact parents via telephone

### **Senior pupils with headaches**

Older pupils may present with a headache, the first point of call is to make sure they are hydrated. Then you may offer paracetamol to relieve pain. Do not use aspirin as it could cause the injury to bleed

if the headache was a result of a bump or head trauma.

Check that they have consent for the medication on Schoolbase and then the Welfare Officer, Health and Safety officer and the school office can administer. It must be recorded on Schoolbase and the parents should be emailed.

All head injuries parents need to be telephoned and emailed. If contact wasn't made with the parent or career then they must be told at collection.

### **Concussion**

In the event that concussion is diagnosed by a healthcare professional, the sports department will follow the Graduated Return to Play schedule in partnership with the pupil's parents. It is the parents' responsibility to arrange a medical review for confirmation of recovery before the pupil returns to full practice (stage 5 of return to play).

### **WHERE SPINAL INJURY IS SUSPECTED OR THERE IS A LIFE THREATENING SITUATION DO NOT MOVE**

If a child needs to be undressed for inspection then there must be two adults present. All accidents must be reported on an Accident Report Form on Schoolbase.

All serious injuries to staff or visitors must also be recorded on an Accident Report Form which is found on the shared drive in the Health and Safety Folder.

## Other specific medical conditions

Any pupil with a specific medical condition will need an IHP. (Individual Healthcare Plan)

An individual healthcare plan (IHP) details exactly what care a child needs in school, when they need it and who is going to give it. It will also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals and ideally a specialist if the child has one.

The IHP should include the following:

- Written permission from the parent/carer and the Headteacher for any medication to be administered by a member of staff, or self-administered by the child during school hours.
- Exactly what help the child needs, what they can do themselves and what they need from somebody else.
- Who is going to give that help and when.
- Details of any medication needed, the dose needed, when it's needed and the procedure for using any equipment.
- Details of any testing the child needs to do, the procedures involved and the action to be taken depending on the result.
- Description of the symptoms and possible triggers of any emergency situation which requires urgent attention (e.g. asthma attack, seizure, anaphylaxis, hypo) and what staff will do if any of these occurs. It should also include when the parent/carer should be contacted and when an ambulance should be called.
- The things that need to be done before, during or after PE.
- What plans need to be put in place for exams (if appropriate).
- Details of where medication and other supplies will be stored and who will have access to them. It should also include what supplies will be needed, how often the supplies should be checked and by whom.
- What to do in an emergency, including who to contact.
- Any support needed around the child's educational, emotional and social needs, e.g. how absences will be managed, support for catching up with lessons or any counselling arrangements.
- A description of the training that has been given and to whom.
- Any details of when the child needs to eat meals and snacks, what help they need around meal or snack time, e.g. whether they need to go to the front of the lunch queue or have any other special arrangement around meal/snack time.
- What plans need to be put in place for any school trips (including overnight) or other school activities outside of the normal timetable.
- Remember to attach any other documents that are relevant to a child's care to the plan. The help a child needs is likely to change as time goes on, and so their IHP will need to change to reflect this.

The IHP will be reviewed annually at the very least, but must also be reviewed when management of a medical condition changes or the level of care a child needs changes.

Also included in the IHP should be:

- when it will be reviewed
- who can alter the plan and which parts they can alter
- what the process is for reviewing the plan..

All staff should be aware of children with specific health problems – a list of whom should be accessible to all on the shared drive.

**In case of staff illness** – Staff who are taken ill should be referred to the Welfare Officer, Health and Safety Officer or a first aider.

Pupils who report that they feel unwell should be referred to the Welfare Officer, Health and Safety officer or a First Aider who may administer paracetamol tablets if they deem it necessary. The pupil should remain with the class (possibly not taking part in the lesson, but sitting quietly) or be sent to the medical room where they will be accompanied by one of the school's first aiders. The school office must be notified if a pupil is taken to the medical room. If there is no improvement after a reasonable amount of time then the pupil should be referred again to the welfare officer or a First Aider (preferably the same one if they are still in school).

If the Welfare Officer / First Aider thinks that the child should be sent home then they should contact the School Office. The office staff or welfare officer will contact parents and arrange for the pupil to be collected.

In the case of Junior pupils, the Welfare Officer or First Aider should check with Form Teachers BEFORE deciding that the child should go home. The Form Teacher may well be able to shed more light on the child's behaviour/illness.

### **Accident procedures**

In case of Minor Accident:

ALL ACCIDENTS MUST BE RECORDED ON Schoolbase BY THE WELFARE OFFICER or FIRST AIDER

WHO DEALS WITH THE SITUATION. The record should include the nature of the accident, the treatment given and the time of the accident.

Parents are informed immediately an accident occurs by the School Office or by the welfare officer and the time is noted on Schoolbase as well as the initials of the employee who notified the parent/guardian.

Staff who suffer an accident should be referred to the Health and Safety Officer and details to be recorded on the staff accident form on the shared drive.

**DURING CLASS:** The pupil or pupils should be referred to the Welfare Officer, Health and Safety Officer or a First Aider who should examine the child and follow the same procedure as for illness.

**DURING BREAK:** If the member of staff on duty is a First Aider then they should send a responsible pupil to fetch a First Aid kit. The teacher SHOULD NOT leave the playground. If the member of staff on duty is NOT a first aider, then they should send a responsible pupil to summon the Welfare Officer, Health and Safety Officer or First Aider (and a First Aid kit). All breaks offsite to Wimbledon Park must have a first aider present and a first aid kit taken.

All first aid kits should be returned to their location after use and the Welfare Officer should be emailed with an indication of what was used so that it can be restocked.

A FIRST AID KIT MUST BE TAKEN ON ALL OFF-SITE VISITS

### **In case of serious accident (Including all head injuries):**

- The Welfare Officer or an experienced first aider should be sent for immediately.
- Parents should be notified immediately by the school office or the welfare officer.
- Details of the accident and the treatment given should be recorded on the Treatments section on Schoolbase along with the time of the accident
- The Health and Safety Officer is responsible for reporting accidents and injuries to the Health and Safety Executive under RIDDOR.

**The record of all accidents on school premises is reviewed and evaluated annually by the Headteacher and the Trustee i/c Health and Safety and the Health and Safety Officer.**

### **Transport to hospital**

If an ambulance is required, the emergency "999" service should be used. If the ambulance takes the child to the hospital, ensure that the child's details are taken. No casualty should travel to the hospital unaccompanied. A member of staff must travel with them in the ambulance and stay with them until parents or carers arrive. Every effort should be made to contact the parents of pupils injured. If the ambulance does not deem it necessary for the child to go to the hospital, they can lie down in the medical room supervised until the parents or carers can pick them up. Staff should NOT take a child to the hospital in their own vehicle..

### **When to call an ambulance**

Life-threatening emergencies.

Call 999 in a medical emergency. This is when someone is seriously ill or injured and their life is at risk.

Medical emergencies can include:

- loss of consciousness
- an acute confused state
- fits that aren't stopping
- chest pain
- breathing difficulties
- severe bleeding that can't be stopped
- severe allergic reactions
- severe burns or scalds
- seizures

Call 999 immediately if someone is having a heart attack or stroke.

Call 999 if you think someone has had a major trauma, such as after a serious road traffic accident, a stabbing, a shooting, a fall from height, or a serious head injury.

### **Emergency treatment for needle stick injury**

If a pupil or member of staff pierces or punctures their skin with a used needle, the following First Aid advice must be followed immediately:

- Encourage the wound to bleed, ideally by holding it under running water.

- Wash the wound using running water and plenty of soap.
- Do not scrub the wound while you're washing it.
- Do not allow the pupil/staff member to suck the wound.
- Dry the wound and cover it with a waterproof plaster or dressing.

You should also seek urgent medical advice: go to the nearest Accident & Emergency department.

### **Infection Control**

- Staff must ensure that if they have cuts or abrasions these are covered with waterproof or other suitable dressings before administering First Aid.
- Staff should wear disposable gloves when dealing with wounds or bodily fluids, which are provided in all First Aid boxes and bags.
- All items contaminated with bodily fluids should be placed in a yellow clinical waste bag (stored in First Aid boxes, and First Aid bags) and disposed of directly in the external bins.
- All spillages must be cleared up as soon as possible. Spillage kits are available in the medical room. The cleaning supervisor must be informed immediately of any spillages of bodily fluids or other biohazards so that the area can be closed off until cleaning has taken place. In their absence, inform the nominated First Aid leader. Disposable aprons and gloves should be worn when clearing up spillages.
- When a pupil/staff member requires the use of medical needles within school, sharps containers will be provided by the pupil/staff member for the disposal of the needles. The Welfare Officer is responsible for ensuring that these are kept safely out of the reach of children and will notify parents when they require disposal. There is a sharps box in the medical room for disposal if needed.

### **Feminine Hygiene**

Facilities are available in the female staff toilets. There is a supply of sanitary towels and tampons always available for girls if necessary from the Deputy Head's office in Livesey, the medical room, the Junior staff room in Kenilworth. Special sanitary bins are provided and emptied on a regular basis.

### **Supporting pupils with medical/health needs in School .**

Most pupils will at some time have medical/health needs that may affect their participation in School life. For many, these may be short-term. However, for others, there will be long-term medical and health needs which, if not properly managed, could limit their access to School and ability to take part in all aspects of School life.

The School will put into place effective management systems to support individual pupils with medical or health needs whilst in School. However, staff may need to take extra care in supervising some activities to ensure these and other pupils are not put at risk. Pupils with medical/health needs are positively encouraged to participate in off-site activities and trips wherever safety permits. The school's senior first aider or welfare officer will liaise with the teacher in charge and the parent /guardian to develop a health plan to support the pupils needs.

Staff supervising off-site activities and trips should ensure they are aware of the relevant health care or medical needs of the pupils in their care, these can be added to the risk assessment to allow for the appropriate supervision and controls. Individual Health Care Plans (IHCP) are written for each child to provide any assistance needed.

## **Staff Awareness.**

At the start of the new School year the Welfare Officer will liaise with Form Tutors to advise them if any of their pupils have medical/health needs. It is also the responsibility of teaching staff to ensure they inform the Welfare Officer when they are aware of problems/issues affecting their pupils. This may include pupil's home situations; e.g. illness, bereavement, divorce, relationships/personal problems.

## **Supervised School Trips and Sports Fixtures**

Staff responsible for sports teams shall take steps to gather information regarding pupils with health needs prior to the match and ensure they have all necessary medications with them.

### **Trips**

Staff taking students on any trip or visit away from the main School site, should ensure that they take the appropriate personal medical equipment (e.g. EpiPens) for the students on the trip. They should record any medical issues on the trip risk assessment with all controls added, as well as taking a print out if necessary from Schoolbase of the group medical needs.

Staff taking students on any trips including adventurous trips, such as any camping trips, should always take a first aid kit with them. It is the responsibility of the member of staff in charge of the trip to order and collect a first aid kit.

Any injury whereby a student requires treatment should be logged and reported on Schoolbase at the earliest opportunity. This must be done by the start of the next school day after the trip returns. Parents should be informed at collection of the trip, a phone call on when on the trip or by email that evening.

For any major medical problems parents should be contacted as soon as is possible by the trip leader or other designated member of staff. The trip leader must also report it directly to the school and a member of the SMT informed.

For less serious medical problems the parents should be informed on return. It is good practice to follow up any telephone calls or in person conversations with the parents with an email through Schoolbase when the treatment is recorded.

### **Sports Fixtures**

Staff taking sports teams should always take a first aid kit with them to a fixture and any injury whereby a student leaves the field and is unable to return immediately should be reported on Schoolbase as soon as possible, this can then be emailed to parents and staff alerted if needed. This must be done by the start of the next school day.

For any serious injuries, parents should be contacted as soon as possible by the team coach/PE teacher. Less serious injuries should be reported to parents when they collect their child and followed up with an email.